

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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2010 JUN 15 AM 8:49

MIAMI DADE  
ELECTIONS

**1. CHECK APPROPRIATE BOX:**

Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

**Manny Hernandez**

**3. Address** (include post office box or street, city, state, zip code)

**3900 SW 60th Place**

**Miami, FL 33155**

**4. Telephone** (optional)

(      )

**5. E-mail address** (optional)

**6. Office sought** (include district, circuit, group number)

**Community Council 10 Sub-Area 102**

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

**Manny Hernandez**

**11. Mailing Address** (If post office box or drawer, also include street address)

**3900 SW 60 Place**

**12. Telephone**

**(305) 772-8032**

**13. City**

**Miami**

**14. County**

**Miami-Dade**

**15. State**

**FL**

**16. Zip Code**

**33155**

**17. E-mail address** (optional)

**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**

**Chase Bank**

**20. Street Address**

**4200 SW 152 Ave**

**21. City**

**Miami**

**22. County**

**Miami-Dade**

**23. State**

**Florida**

**24. Zip Code**

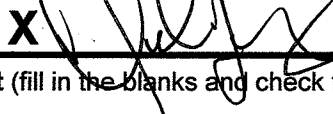
**33185**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

**June 15, 2010**

**26. Signature of Candidate**

**X** 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

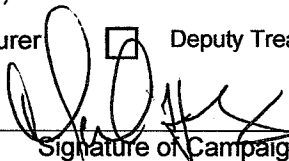
I, **Manny Hernandez**, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

**June 15, 2010**

Date

**X**



Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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ELECTIONS

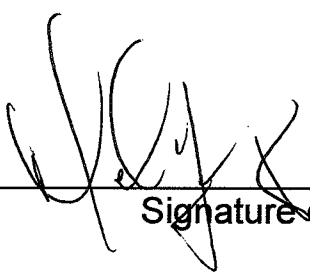
I, Manny Hernandez,

candidate for the office of Community Council District 10/102;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X



\_\_\_\_\_  
Signature of Candidate

June 15, 2010

\_\_\_\_\_  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**Receipt of Handbook and the  
Election Laws of the State of Florida**

**MIAMI DADE**

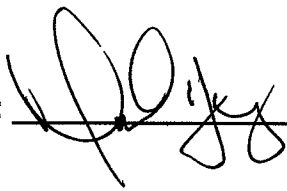
**Candidate/Chairperson:**

Manny		Hernandez
First Name	Middle Name	Last Name
Community Council District <sup>10</sup> Sub-Area <sup>102</sup>		
Office Sought / Organization		

**This is to acknowledge my receipt of the following documents:**

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida	2009	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

**Received by:** \_\_\_\_\_



Candidate/Chairperson Signature

**Date:** \_\_\_\_\_

June 15, 2010

**Phone No.:** \_\_\_\_\_

305-463-6267

**Fax No.:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

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**Campaign Treasurer's Report  
Electronic Filing Requirements  
for Miami-Dade County**




- Candidate (office sought): Community Council District 10 Sub-Area 102
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

I, Manny Hernandez  
*(Please print name of Candidate or Chairperson)*

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

 June 15, 2010  
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-772-8032

Email Address: \_\_\_\_\_

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*

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MIAMI-DADE  
ELECTIONS  
2010 JUN 15 AM 8:39

**LOYALTY OATH FOR MIAMI-DADE COUNTY  
COMMUNITY COUNCIL MEMBER**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, Manuel Hernandez  
First Name Middle Name/Initial Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Manuel Hernandez  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of: **Community Council Member Area** 10 **Subarea** 102

I am a qualified elector of **Miami-Dade County**, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

**CANDIDATE CERTIFICATION**

I, hereby, certify that I am a qualified elector of Unincorporated Miami-Dade County

- I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- I have been a resident elector of the Council Area 10 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 102 for at least three (3) months prior to qualifying.

I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- driver's license
- property tax receipt
- homestead exemption receipt
- utility bill
- lease agreement

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.**

X [Signature] 305-772-8032  
Signature of Candidate Daytime Telephone Number Email Address

Address 3900 SW 62th Place City Miami State FL Zip Code 33185

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade  
Sworn to (or affirmed) and subscribed before me this 15<sup>th</sup> day of JUNE, 2010 by Manuel Hernandez

Personally Known: \_\_\_\_\_ or  
Produced Identification: ✓  
Type of Identification Produced:  
FL Drivers Lic

[Signature]  
Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public  
NOTARY PUBLIC-STATE OF FLORIDA  
Maria Cristina Acosta  
Commission #DD730644  
Expires: FEB. 27, 2012  
BONDED THRU ATLANTIC BONDING CO., INC.