

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

2010 JUN 15 AM 9:00

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

JOHN PAUL ARRIEN

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

10813 SW 142 COURT
MIAMI, FLORIDA 33186

4. Telephone (optional)

(305) 282-6765

5. E-mail address (optional)

ARRIENJ@BELLSOUTH.NET

6. Office sought (include district, circuit, group number)
MIAMI DADE COUNTY, COMMUNITY COUNCIL 11

AT LARGE

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

JOHN PAUL ARRIEN

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

10813 SW 142 COURT

12. Telephone

(305) 282-6765

13. City

MIAMI

14. County

DADE

15. State

FL

16. Zip Code

33186

17. E-mail address (optional)

ARRIENJ@BELLSOUTH.NET

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

19. Name of Bank

BANK OF AMERICA

20. Street Address

3025 NW 87TH AVE

21. City

MIAMI

22. County

DADE

23. State

FL

24. Zip Code

33172

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 15TH, 2010

26. Signature of Candidate

X 

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

I, JOHN PAUL ARRIEN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

JUNE 15TH, 2010

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

2010 JUN 15 AM 9:00

I, JOHN PAUL ARRIEN,

candidate for the office of MIAMI DADE COMMUNITY COUNCIL 11;

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

Florida Statutes.

X



Signature of Candidate

JUNE 15TH, 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**



Candidate/Chairperson:

JOHN

PAUL

ARRIEN

First Name

Middle Name

Last Name

MIAMI DADE COUNTY COMMUNITY COUNCIL 11

AS LARGE

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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by: _____

Candidate/Chairperson Signature

Date: _____

JUNE 15TH, 2010

Phone No.: _____

305-282-6765

Fax No.: _____

E-mail address: _____

ARRIENJ@BELLSOUTH.NET

JUN 15 2010 11:15 AM
 305-282-6765
 305-282-6765

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




- Candidate (office sought): MIAMI DADE COUNTY COMMUNITY COUNCIL 11 AT LARGE
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, JOHN PAUL ARRIEN
(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.



Signature of Candidate or Chairperson

JUNE 15TH, 2010

Date

Day Time Telephone No: 305-282-6765

Email Address: ARRIENJ@BELLSOUTH.NET

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.

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	<u>John</u>	<u>PAUL</u>	<u>ARRIEN</u>
	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, John Paul Arrien

(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** 11 **Subarea** AT LARGE

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 11 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea AT LARGE 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		<u>305-282-6765</u>	<u>ARRIENJOBELLSOUTH.NET</u>
	Signature of Candidate	Daytime Telephone Number	Email Address
	<u>10813 SW 142 CT</u>	<u>Miami</u>	<u>FL 33186</u>
	Address	City	State Zip Code

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 19 day of June, 2010 by John Paul Arrien.

Personally Known: _____ or Produced Identification: <u>✓</u> Type of Identification Produced: <u>FL Drivers Lic</u>	<div style="text-align: center;"> _____ 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. </div>
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OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6478852

RECEIVED FROM John Paul Arriem

DATE 6 / 15 / 10
MONTH DAY YEAR

ADDRESS 10813 SW 142 Court
STREET ADDRESS
Miami CITY FL STATE 33186 ZIP

CASH \$ _____
CHECKS \$ 100 . 00

AMOUNT OF: One Hundred DOLLARS, AND 00 CENTS TOTAL \$ 100 . 00

FOR PAYMENT OF: Qualifying Fee - Community Council 11/At Large

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: A. Vincent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Security enhanced document. See back for details.

Campaign account of John Paul Arriem

0991
63-4/630 FL
1142

DATE 6/15/2010

PAY TO THE ORDER OF Board of County Commissioners \$ 100.00
ONE hundred dollars & 00/100 DOLLARS

Bank of America

FOR Qualifying Fee CC 11 AT LARGE

[Signature]

⑈00099⑈ ⑆063000047⑆ 898040215232⑈

GUARDIAN © SAFETY
Holland Clarke BA

Security features are included. Details on back.

MP