



OATH OF WITHDRAWAL

Date: 04/11/2011

I, SANTIGO PORTAL, have filed as a candidate for the office of MIAMI DADE COUNTY MAYOR

I wish to withdraw my name as a candidate for this office and I will not accept the office for which I filed qualification papers.

[Signature]
Signature of Candidate

1722 SW 127 PL
Address

MIAMI
City,

FL
State

33175
Zip

RECEIVED
2011 APR 11 PM 5:28
MIAMI-DADE ELECTIONS

Sworn to and subscribed before me this 11th day of April, 2011.

[Signature]
Signature of Officer Administering the Oath or Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

Print, Type or Stamp Commissioned Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced

FL DRIVER'S LICENSE.

Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)

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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MIAMI-DADE
ELECTIONS

NOTE: This form must be on file with the qualifying
officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

Santiago Portal

3. Address (include post office box or street, city, state, zip
code) 1722 SW 127 PL MIAMI, FL 33175

Mail To Po Box 441474 MIAMI, FL
33144

4. Telephone

(786) 380 3849

5. E-mail address

SANTIAGOPORTAL@Hotmail.com

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

Dade County Mayor

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

Santiago Portal

11. Mailing Address

Po Box 441474 MIAMI, FL 33144

12. Telephone

(786) 380 3849

13. City

Miami

14. County

Dade County

15. State

FL

16. Zip Code

33144

17. E-mail address

SANTIAGOPORTAL@Hotmail.com

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

19. Name of Bank

BANK OF AMERICA

20. Address

2195 SW 8 ST

21. City

Miami

22. County

Dade County

23. State

FL.

24. Zip Code

33135

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

02/10/2011

26. Signature of Candidate

X 

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


I, Santiago Portal, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

02/10/2011

Date

X


Signature of Campaign Treasurer or Deputy Treasurer