APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

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MIAMI-DADE ELECTIONS

officer before opening the	campaign account.				54.		OFFICE	<u>: USE</u>	ONLY
1. CHECK APPROPRIATE BOX(ES):									
Initial Filing of Form	Re-filing to Change:	: Tre	easurer/Deputy		Deposito	ry 🔲	Office		Party
2. Name of Candidate (in th	is order: First, Middle, L	ast)	3. Address (in	ncluc	de post offic	e box or s	street, city,	state, :	zip
Ricardo Jose Rodriguez			code)						
4. Telephone	5. E-mail address		7025 S.W. 1 Miami, Flori						
(305) 726-4434 L	aw@RodriguezVaca	as.com	lviidiin, i idii	uu c	JO 1 3 5				
6. Office sought (include dis	strict, circuit, group numl	ber)	1		didate for a	nonpart	san office	, chec	k if
Miami-Dade County Commissioner, District 5			applicable: My intent is to run as a Write-In candidate.						
· •	·		<u> </u>						uale.
8. If a candidate for a partis	<u>san</u> office, check block	cand fill i	n name of party	y as	applicable	: My inte	ent is to run	as a	ļ
Write-In No Pa	arty Affiliation					Pa	rty cand	lidate.	
9. I have appointed the follo	owing person to act as	s my	⊠ Campaign ⊓	rea:	surer 🔲	Deput	y Treasure	r	
10. Name of Treasurer or De	puty Treasurer					."	****		
Ricardo Jose Rodriguez									
11. Mailing Address						12. Telep	hone		
7025 S.W. 19th Terrace							726-443	4	
13. City	14. County	15. State			17. E-mail				
Miami	Dade	FL	33155		Law@Ro	driguez\	/acas.cor	n	
18. I have designated the following bank as my		Primary Depository Secondary Depository							
19. Name of Bank		2	20. Address						
Wachovia/Wells Fargo			900 S.W. 57th		enue e		- ·- <u>·</u>		
21. City	22. County		23. St	ate			24. Zip Co	de	
Miami	Dade		Florid	а			33144		
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		2	26. Signature of	Can	didate	7			
15 March	2011		X Recon	de	fin find	hizi an			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I,, do hereby accept the appointment					ı				
(Please Print or Type Name)									
designated above as: Campaign Treasurer Deputy Treasurer.					1				
Date X Signature of Campaign Treasurer of Deputy Treasurer									

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

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MIAMI-DADE ELECTIONS

I, Ricardo Jose Rodriguez							
	candidate for the office of	Miami Dade County	Commissioner, District 5				
	have received, read and understand the requirements of Chapter 106,						
	Florida Statutes.						
	X lieus fre Signature of Car	la green ndidate	15 ³⁴ Mwch, 2011 Date				
A fa	ppointment of Campaign Treasur allure to file this form is a first d	rer and Designation of Car legree misdemeanor and	officer within 10 days after the mpaign Depository is filed. Willful a civil violation of the Campaign. 106.19(1)(c), 106.265(1), Florida				

Statutes).

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



Candidate/Chairperson:					
Ricardo			Rodriguez		
First Name			st Name		
Miami Dade County Commissioner, District 5					
Office S	Sought / Or	ganization			
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		×	O		
Miami-Dade County Qualifying Handbook		X	D		
Committee Handbook	** ***********************************	Ø	O		
Electioneering Committee Handbook		O			
				2	
Dal.				RECEIVE 2011 MAR 15 PM 4 MIAMI-DADE ELECTIONS	
Received by:	wolf and	Zanadas Sia			
Ca	1 ~	nahperson Sig	nature	VEC PM 4: ADE DNS	
Date: 15th March, 201	7	•		58	
,		227 227			
Phone No.: 305-726-4434	Fax	No.: 305-267	-1899		
Law@RodriguezVacas.co	m				

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



	Ricardo Jose Rodriguez, Dade County, Co	ommissioner D	is Ľ			
Political Committee:		E MIA	I MAR	ス ロ 〇		
			15 PK			
Other:		- SH	ਦੂ ਫ਼			
	Ricardo Jose Rodriguez					
I,(Pleas	e print name of Candidate or Chairperson)			-		
	e Campaign Treasurer's Reports mus Department website and submitte					
Signature of Candida		Date	(21	<u>0</u>]/		
Day Time Telephone No:	(305) 726-4434			_		
Email Address:	Law@RodriguezVacas.com					

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 COUNTY COMMISSIONER

	(Sections 876.05-876.10, Florida Statutes)					
STATE OF FLORIDA Miami-Dade County						
I,	Ricardo	José	Rodrige	Jez_		
	First Name	Middle Name/Initial	Las	t Name		
	zen of the State of Florida and of the U mnly swear or affirm that I will support t				;	
		OATH OF CANDIDAT	E			
		(Section 99.021, Florida Statutes)				
Ι,		'Ricky" Ro				
am a		TO APPEAR ON THE BALLOT — NAME MAY NOT T mi-Dade County Commission		of QUALIFYING)		
Flori elec	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 Miami-Dade County, and that I have been a resident elector of Miami-Dade County for at least three (3) years and resident of the District at least six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period: A driver's license						
OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.						
X	Ticardo for Ros			PRODEIGUEZVACAS, CE	an	
	Signature of Candidate	Daytime Telephone	Number	Email Address	4	
18	35 SW 9 street	+3 Miami	FloriDA	33135		
Addre		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 15th day of March, 208 if by						
————·						
	nally Known: or ced Identification:	Carlos L. Ho	ly.		4	
Туре	of Identification Produced:	Nota My Co				