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. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy Depository Office Partv Initial Filing of Form 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) code) Saturnino Polon PO Box 441866 5. E-mail address 4. Telephone Miami, FL, 33144 (305) 338-9831 PolonForMayor@gmail.com 7. If a candidate for a nonpartisan office, check if 6. Office sought (include district, circuit, group number) applicable: Miami-Dade County Mayor 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 candidate. Write-In No Party Affiliation Party **Deputy Treasurer** 9. I have appointed the following person to act as my Campaign Treasurer 10. Name of Treasurer or Deputy Treasurer Antonio Ramos 11. Mailing Address 12. Telephone PO Box 441866 17. E-mail address 13. City 14. County 15. State 16. Zip Code FL 33144 Miami-Dade arescribe29@hotmail.com Miami 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 8550 SW 24 ST Wachovia 24. Zip Code 21. City 22. County 23. State Miami Miami-Dade 33155 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 26. Signature of Candidate 03/18/2011 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) Antonio Ramos . do hereby accept the appointment (Please Print or Type Name) designated above as: 冈 Campaign Treasurer Deputy Treasurer. X 03/19/2011 Signature of Campaign Treasurer or Deputy Treasurer Date

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1. CHECK APPROPRIATE	BOX(E	S):											
✓ Initial Filing of Form	Re	e-filing to Change	: X	Treas	urer/De	puty [Deposito	ory 🔲	0	ffice		Party
2. Name of Candidate (in this order: First, Middle, Last)				- 1		ess (inclu	ide p	ost offic	e box or	street	t, city, s	state, :	zip
Saturnino Polon				l l	code)	. 11100	20						'a
4. Telephone	5. E-ma	ail address	· · · · · · · · · · · · · · · · · · ·	- 1		x 44186 FI, 331							
(305) 338-9831	PolonF	orMayor@gn	nail.com		viidirii,	1 1, 00 1	•						
6. Office sought (include district, circuit, group number)					7	. If a can	dida	ate for a	nonpart	isan	office,	chec	k if
Mayor of Miami-Dade County					applicable: My intent is to run as a Write-In candidate.								
8. If a candidate for a part	<u>isan</u> off	ice, check block	k and fi	ll in n	ame of	party as	apı	plicable	: My int	ent is	to run	as a	
Write-In No	⊃arty Aff	iliation							Pa	arty	candi	idate.	
9. I have appointed the fo	llowing	person to act a	s my		Campa	aign Trea	asur	er 🗙	Depu	ty Tre	easurer		
10. Name of Treasurer or D	eputy T	reasurer				· · · · · · · · · · · · · · · · · · ·							
Saturnino Polon													
11. Mailing Address									12. Tele	phone	е		
PO Box 441866									()			
13. City		County	15. St	tate	ate 16. Zip Code 17. E-mail address						,		
Miami	Miami-Dade FL			33144 PolonForMayor@gmail.com						••••			
18. I have designated the following bank as my			X F	Primary	Deposito	ry		Seconda	ry De	eposito	ry		
19. Name of Bank				20.	Address	s							
Wachovia				855	0 SW	24 ST			•				
21. City		22. County				23. State				1	Zip Co	de	
Miami	W	Miami-Dade			F	=				331	55		
UNDER PENALTIES OF PERJUR		LARE THAT I HAVE OF CAMPAIGN DEI									GN TRE	ASURE	R AND
25. Date			***************************************	26.	Signatu	re of Can	idig	je	`				
03/18/2011				X	A	110	H	M	<i>)</i>				
27. Treasure	r's Acce	eptance of Appo	intmen	t (fill i	n the bla	anks and	che	eck the a	appropriat	e blo	ck)		
ı, Saturnino Polon					, do hereby accept the appointment								
	(Pleas	se Print or Type N	lame)										
designated above as:		Campaign T	reasure	er	X /5	Seputy Tre	easu	rer.					
03/18/20	11		X	(k	Mol	on	والمار معاديات والمواجعة	are a constant					
Date				Signature of Campaign Treasurer or Deputy Treasurer									

STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type)

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MIAMI-DADE ELECTIONS

I, SATURNINO POLON,							
candidate for the office of Miami-Dane County Mayor;							
have received, read and understand the requirements of Chapter 106,							
Florida Statutes.							
X Signature of Candidate 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:								
SATURNIND			Po	100				
First Name	Middle Na	me	Last	Last Name				
MIAMI-DADE CO	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·						
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	Oct 2010	×		Hard Copy				
Miami-Dade County Qualifying Handbook		×						
Committee Handbook								
Electioneering Committee Handbook								
	1	'						
Received by:	lon)		REC MIAR 2				
Ca	ndidate/Ch	airperson Sigi	į					
Date: $\frac{3/21/2011}{}$			ć	VED PMIZ: (
	•		e de la companya de La companya de la co	8				
Phone No.: <u>305-338-98</u> 3/	Fax	No.:	ı					
E-mail address: Polon for	MAYO	ROGN	nai/. eo	m_				

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



☑ Candidate (office sought):	MAX	on	-
☐ Political Committee:	· :	20	_
☐ Party Executive Committee:	四季		REC
☐ Other:	읔흠		<u>m</u> >-
	ADE	PM 12: 08	m
1, SATURNINO POLON (Please print name of Candidate or Chairperson)			
comply comply with the Miami-Dade County requirements. Additionally, a hard copy of the Campaign Treasurer's Reports must be Miami-Dade County Elections Department website and submitted I deadline with original signatures.	-		
Signature of Candidate or Chairperson	s <u>/ 2 / /</u> Date	1 2011	-
Day Time Telephone No: 305 - 338 - 983)			
Email Address: Polowfon Mayor @ GA	YAIZ.	COM	_

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