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2011 MAR 21 PM 12:08

MIAMI-DADE ELECTIONS

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 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)

Saturnino Polon

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

PO Box 441866 Miami, FL, 33144

4. Telephone

(305) 338-9831

5. E-mail address

PolonForMayor@gmail.com

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

Miami-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

Antonio Ramos

11. Mailing Address

PO Box 441866

12. Telephone

()

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33144

17. E-mail address

arescribe29@hotmail.com

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

19. Name of Bank

Wachovia

20. Address

8550 SW 24 ST

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

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

03/18/2011

26. Signature of Candidate

X Polon

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

I, Antonio Ramos, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

03/19/2011

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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Saturnino Polon

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

PO Box 441866
Miami, FL, 33144

4. Telephone

(305) 338-9831

5. E-mail address

PolonForMayor@gmail.com

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

Mayor of Miami-Dade County

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

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11. Mailing Address

PO Box 441866

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()

13. City

Miami

14. County

Miami-Dade

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25. Date

03/18/2011

26. Signature of Candidate



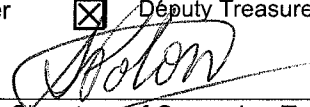
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Saturnino Polon, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

03/18/2011

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 POLO,
candidate for the office of MIAMI-DADE COUNTY MAYOR;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X


Signature of Candidate

3/21/2011
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:

SATURNINO

Polon

First Name

Middle Name

Last Name

MIAMI-DADE COUNTY MAYOR

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	<i>Oct 2010</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Hard Copy</i>
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: _____

Polon

Candidate/Chairperson Signature

Date: _____

3/21/2011

Phone No.: _____

305-338-9831

Fax No.: _____

E-mail address: _____

Polon for Mayor@gmail.com

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MIAMI-DADE
ELECTIONS

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



- Candidate (office sought): MIAMI-DADE COUNTY MAYOR
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

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ELECTIONS

I, SATURNINO POLOÑ
(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.

 3/21/2011
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-338-9831

Email Address: PolonforMayor@gmail.com

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