



MIAMI-DADE COUNTY
IRREVOCABLE STATEMENT
AND APPLICATION FOR ELECTION
CAMPAIGN FINANCING TRUST FUND

For Participation in
 Initial and Runoff Elections

(PLEASE TYPE OR USE BLUE INK)

1. Name of Candidate (First Name, Middle Initial, Last Name) Saturnino Polon	2. Address (include post office box or street, city, state, zip code) 8750 SW 25th St. , Miami, FL, 33165
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3. Telephone (optional) (305) 338-9831	4. E-mail address: PolonForMayor@gmail.com	5. Fax: ()
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6. Office <input checked="" type="checkbox"/> Miami-Dade County Mayor <input type="checkbox"/> Miami-Dade County Commissioner	7. (District number if applicable)
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8. I am a qualified candidate pursuant to Chapter 99, Florida Statutes and Section 2.04 of the Miami-Dade Home Rule Charter.
 I acknowledge that I have read, understand and agree to comply with the requirements of Section 12-22 of the Code of Miami-Dade County. I have signed the Public Financing Acknowledgement Statement.

I desire to receive contributions from the Miami-Dade Election Campaign Financing Trust Fund.

a) I agree to abide by the expenditure limits provided Subsection (e)(1).
 b) I agree to limit loans or contributions from my personal funds to \$25,000, which loans or contributions shall not qualify for meeting the threshold amounts in Subsection (d)(3).
 c) I agree to submit to audits of the campaign account by the Commission on Ethics and Public Trust as provided in Subsection (f)(3).
 d) As a candidate for County Commissioner receiving **Public Funds**, I agree to submit at least 300 but not over 360 separate contributions between \$100 and \$500 from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$30,000 as per Subsection (c)(5)a. At least 50% of the contributions are from my district (for the 2006 election cycle).
 e) As a candidate for Mayor receiving **Public Funds**, I agree to submit at least 1,500 but not over 1,800 contributions between \$100 and \$500 dollars from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$150,000 as per Subsection (c)(5)b.

9. Signature of Candidate X	10. Date 03/31/2011
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Request for Funds

Please choose **one** of the following options:

I hereby request to have my contribution from the Election Campaign Financing Trust Fund deposited by electronic funds transfer into the following account:

Name of Receiving Financial Institution: Wachovia Bank	ABA #:
Name of Beneficiary Account: Campaign Account of Saturnino Polon Campaign Account	Beneficiary Account #:

I hereby request to have my contribution from the Election Campaign Financing Trust Fund in the form of a check made payable to:

Campaign Account of **Saturnino Polon Campaign Account**

03/31/2011 Date	X Signature of Candidate
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 ELECTIONS
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