

STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE TYPE)

OFFICE USE ONLY  
RECEIVED

2009 DEC -2 PM 12:19

PRISCILLA A. THOMPSON  
CIT

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: **MANUEL RICHARDSON**  
1. Address (include post office box or street, city, state, zip code): **2093 SW FIRST STREET, MIAMI FL 33135**

Telephone (optional): **305-812-3785**  
2. Party (Partisan candidates only): **NON-PARTISAN**  
3. Office (add district, circuit or group number): **MIAMI COMMISSIONER DIST # 1**

I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer:  
**JUAN ERNESTO RAMIREZ**

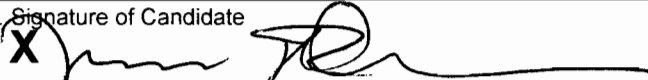
5. Mailing Address (If post office box or drawer add street address): **2814 NW 17TH AVE**  
6. Telephone: **305-635-3560**

7. City: **MIAMI**    8. County: **MIAMI DADE**    9. State: **FLORIDA**    10. Zip Code: **33142**

I have designated the following named bank as my  Primary Depository     Secondary Depository

11. Name of Bank: **TOTAL BANK**  
12. Street Address: **7208 NW 72ND AVE**

13. City: **MIAMI**    14. County: **MIAMI-DADE**    15. State: **FL**    16. Zip Code: **33166**

17. Signature of Candidate:     Date: **12-02-09**

**Campaign Treasurer's Acceptance of Appointment**

I, JUAN ERNESTO RAMIREZ, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of MANUEL RICHARDSON

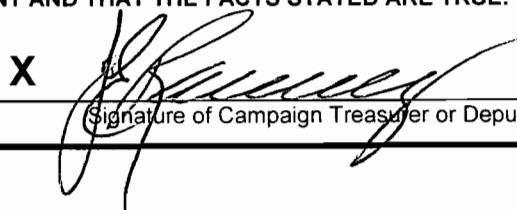
who is seeking nomination or election as a NON-PARTISAN candidate to the office of  
(Party)

MIAMI COMMISSIONER DIST # 1 . As a duly registered voter in MIAMI DADE COUNTY

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

12/01/09  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)


2009 DEC -2 PM 12:20  
OFFICE USE ONLY

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

I, MANUEL RICHARDSON,

candidate for the office of CITY OF MIAMI, COMMISSIONER DIST # 1 ;

have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

x 

Signature of Candidate

12/01/2009

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).