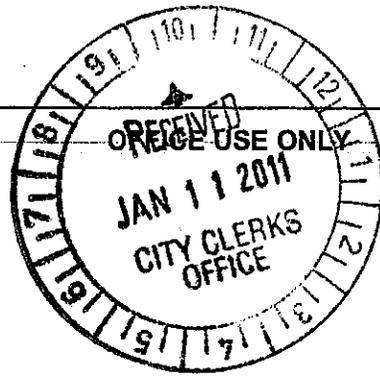


**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)



I, Edwin Hiram Quinones,
candidate for the office of Councilman - City of North Miami, Dist. 1;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Edwin H. Quinones
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).

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

Edwin Hiram Quindnes

*1640 NE 137 Terrace
North Miami, FL 33181*

4. Telephone **5. E-mail address**

(305) 893-4441

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

*North Miami - City Councilman
District One 1*

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
Gilbert Garcia

11. Mailing Address **12. Telephone**
P.O. Box 191754 *(786) 371-5865*

13. City **14. County** **15. State** **16. Zip Code** **17. E-mail address**
North Miami *MIA-DADE* *FL.* *33149* *gil33155@yahoo.com*

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

19. Name of Bank **20. Address**
BB&T BANK *12255 NE 16th Ave.*

21. City **22. County** **23. State** **24. Zip Code**
North Miami *MIA-DADE* *Florida* *33181*

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**
1/11/2011 *[Signature]*

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

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

designated above as: Campaign Treasurer Deputy Treasurer

1/11/2011 *[Signature]*
Date Signature of Campaign Treasurer or Deputy Treasurer

**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) **Edwin Hiram Quiñones** 3. Address (include post office box or street, city, state, zip code) **1640 NE 137 Terrace North Miami, Fl. 33181**

4. Telephone **(305) 893-4441** 5. E-mail address **trophymaker@bellsouth.net**

6. Office sought (include district, circuit, group number) **Councilman Dist. 1** 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 ~~Edwin Hiram Quiñones~~ **Edwin Hiram Quiñones**

11. Mailing Address **1640 NE 137 Terr.** 12. Telephone **(305) 893-4441**

13. City **North Miami** 14. County **Miami-Dade** 15. State **Fl** 16. Zip Code **33181** 17. E-mail address **trophymaker@bellsouth.net**

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

19. Name of Bank **BB&T** 20. Address **12255 NE 16 Ave.**

21. City **North Miami** 22. County **Miami-Dade** 23. State **Florida** 24. Zip Code **33181**

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 **1/11/11** 26. Signature of Candidate **X Edwin Quiñones**

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

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

designated above as: Campaign Treasurer Deputy Treasurer.
 _____ Date **1/11/11** **X Edwin Quiñones** Signature of Campaign Treasurer or Deputy Treasurer