

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

08-26-13A11:17 RCVD



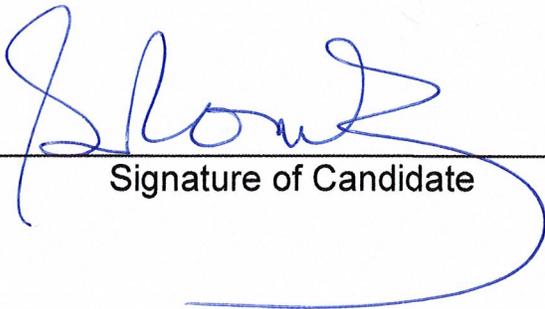
I, Star Rodriguez ,

candidate for the office of Town Council Member Seat 4 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

8/24/2013

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)

08-26-13A11:17 RCVD

*Star Rodriguez*

**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)

Star Rodriguez

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

7278 Jacaranda Lane  
Miami Lakes, FL 33016

**4. Telephone**

(305 ) 788-1727

**5. E-mail address**

starrodriguezrealtor@gmail.com

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

Town Council Member Seat 4

**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**

Star Rodriguez

**11. Mailing Address**

7278 Jacaranda Lane

**12. Telephone**

( 305 ) 788-1727

**13. City**

Miami Lakes

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33014

**17. E-mail address**

starrodriguezrealtor@gmail.com

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

**19. Name of Bank**

Banc United

**20. Address**

15201 NW 67 AVENUE

**21. City**

Miami Lakes

**22. County**

Miami-Dade

**23. State**

FL

**24. Zip Code**

33014

**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**

8/24/2014

**26. Signature of Candidate**

**X** *Star Rodriguez*

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

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

designated above as:  Campaign Treasurer     Deputy Treasurer.

8/24/2013

Date

**X** *Star Rodriguez*

Signature of Campaign Treasurer or Deputy Treasurer



Office of the Town Clerk

6601 Main Street, Suite 206 • Miami Lakes, Florida, 33014  
Office: (305) 364-6100 • Fax: (305) 558-8511  
Website: [www.miamilakes-fl.gov](http://www.miamilakes-fl.gov)

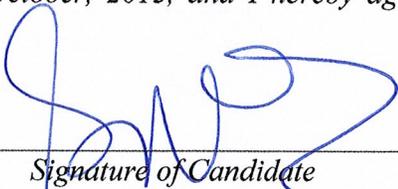
**WRITTEN NOTICE OF CANDIDACY**

I, STAR RODRIGUEZ

the undersigned, an elector of the Town of Miami Lakes, who has resided continuously in the Town for at least two (2) years preceding the date of filing of this notice of candidacy; whose residence is

7278 JACARANDA LANE MIAMI LAKES FL 33014

in the Town of Miami Lakes, hereby announce my candidacy for the office of Town Councilmember Seat 4  (or) Mayor \_\_\_\_\_ to be voted for at the election to be held on the first day of October, 2013, and I hereby agree to serve if elected.

  
\_\_\_\_\_  
Signature of Candidate

08-26-13P03:54 RCVD

Date & Hour of Filing \_\_\_\_\_

Received by: J. Tejeda  
Town Clerk

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

08-26-13P03:58 RCVD

*M. Tejeda*

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Star Rodriguez

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

I am a candidate for the nonpartisan office of Town Council Member Seat 4, \_\_\_\_\_, \_\_\_\_\_,  
(office) (district #)  
\_\_\_\_\_ , 4 ; I am a qualified elector of Miami-Dade County, Florida;  
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**X**

*[Signature]*  
Signature of Candidate

(305)788-1727

Telephone Number

starrodriguezrealtor@gmail.com

Email Address

7278 Jacaranda Lane

Address

Miami Lakes

City

FL

State

33014

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109206690

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Star Rodreegez

STATE OF FLORIDA

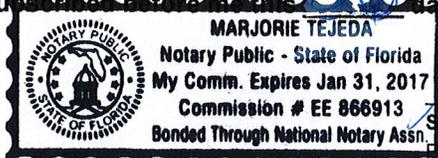
COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 26 day of August, 2013.

Personally Known: \_\_\_\_\_ or

Produced Identification:  \_\_\_\_\_

Type of Identification Produced: FL Drivers License



*[Signature]*  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

RODRIGUEZ, STAR

MAILING ADDRESS :

7278 JACARANDA LANE

CITY : ZIP : COUNTY :

MIAMI LAKES 33016 DADE

NAME OF AGENCY :

THE TOWN OF MIAMI LAKES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

TOWN COUNCIL SEAT 4

08-26-13P03:55 RCVD

*M. Tejeda*

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2012 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
STAR RODRIGUEZ, PA	7278 JACARANDA LN MIAMI LAKES	REAL ESTATE

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, you must write "none" or "n/a")

7278 JACARANDA LANE MIAMI LAKES, FL 33014

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NA	

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
METLIFE HOME LOANS	PO. BOX 44862 ST. LOUIS MO 64329

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	STAR RODRIGUEZ, PA	NA	
ADDRESS OF BUSINESS ENTITY	7278 JACARANDA LN 33044		
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE		
POSITION HELD WITH ENTITY	PRESIDENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	SELF EMPLOYED		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE (required):**

**DATE SIGNED (required):**



8-24-2013

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**Facsimiles will not be accepted.**

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

**OFFICE USE ONLY**

09-06-13A10:49 RCVD

*M. Tejeda-Castillo*

(1) Star Rodriguez  
**Name**

(2) 7278 Jacaranda Lane  
**Address (number and street)**

Miami Lakes, FL 33014  
**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Town of Miami Lakes Council Seat 4

Political Committee  CHECK IF PC HAS DISBANDED

Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 8 / 1 / 13 To 9 / 4 / 13 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 2,000.00

Loans \$ 0.00

Total Monetary \$ 2,000.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 899.63

Transfers to Office Account \$ 0.00

Total Monetary \$ 899.63

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date  
\$ 2,000.00

(10) TOTAL Monetary Expenditures To Date  
\$ 899.63

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) STAR RODRIGUEZ

(Type name) STAR RODRIGUEZ

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**  
*[Signature]*  
Signature

**X**  
*[Signature]*  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Star Rodriguez

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 8 / 1 / 13 through 9 / 4 / 13

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
8 /26 /13	Town of Miami Lakes 6601 Main Street Miami Lakes, FL 33014	Council Set 4 Qualifying Fee	DIS		\$100.00
1					
8 /26 /13	Town of Miami Lakes 6601 Main Street Miami Lakes, FL 33014	Council Seat 4 Election Assessment	DIS		\$125.88
2					
8 /29 /13	The Miami Laker 15450 New Barn Rd #103 Miami Lakes, FL 33014	Advertisemant	DIS		\$603.75
3					
8 /30/13	BANC UNITED 15201 NW 67 AVE MIAMI LAKES, FL 33014	BANK FEES	DIS		70.00
///					
///					
///					
///					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Star Rodriguez (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8 / 1 / 13 through 9 / 4 / 13 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
8 / 26 / 13 1	Rodriguez, David 7278 Jacaranda Lane Miami Lakes, FL 33014	I	USPS Postal Clerk	CHE			100.
8 / 26 / 13 2	Pernas, John 13840 Lake Success Miami Lakes, FL 33014	I	Jeweler	CHE			250.
8 / 29 / 13 8 / 29 / 13 3	Pineiro, Maria C. 384 East 9 Ln Hialeah, FL 33013	I	Retired	CHE			200.
8 / 29 / 13 8 / 29 / 13 4	A.J. Jewelers 3185 West 76 Street Hialeah, FL 33016	B	Jewelry Store	CHE			250.
8 / 29 / 13 5	Uribasterra, Pablo 6913 Sea Grape Ter Miami Lakes, FL 33014	I	Doctor	CHE			200.
8 / 29 / 13 6	Just in Timepieces 36 NE 1 Street Miami, FL 33132	B	Jewelry Store	CHE			250.
9 / 3 / 13 7	Pye, Janice 6510 Lake Como Ter Miami Lakes, FL 33014	I	Animal Care	CHE			250.
9 / 4 / 13 8	5 Diamond Prop Mgmt & Real Estate 16787 NW 78 Ave Miami, FL 33015	B	Property Manageme nt	CHE			250.

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Star Rodriguez (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8 / 1 / 13 through 9 / 4 / 13 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
9 / 4 / 13	Eljaua, Jacobo 6520 Lake Como Ter Miami Lakes, FL 33014	I	Insuranc e Sales	CHE			250.
9							
/ /							
/ /							
/ /							
/ /							
/ /							

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Star Rodriguez

**Name**

(2) 7278 Jacaranda Lane

**Address (number and street)**

Miami Lakes, FL 33014

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Town of Miami Lakes Council Seat 4

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**OFFICE USE ONLY**  
09-09-13 A11:57 IN  
*M. Tejeda-Castillo*

**(5) REPORT IDENTIFIERS**

Cover Period: From 8 / 1 / 13 To 9 / 4 / 13 Report Type SE-1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 2,000.00

Loans \$ 0.00

Total Monetary \$ 2,000.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 899.63

Transfers to Office Account \$ 750.00

Total Monetary \$ 1,649.63

**(8) Other Distributions**

\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 2,000.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 1,649.63

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Star Rodriguez

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X**  
*[Signature]*  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Star Rodriguez

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**  
*[Signature]*  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Star Rodriguez (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8 / 1 / 13 through 9 / 4 / 13 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
8 / 26 / 13 1	Rodriguez, David 7278 Jacaranda Lane Miami Lakes, FL 33014	I	USPS Postal Clerk	CHE			100.
8 / 29 / 13 2	Pernas, John 13840 Lake Success Miami Lakes, FL 33014	I	Jeweler	CHE			250.
8 / 26 / 13 3	Pineiro, Maria C. 384 East 9 Ln Hialeah, FL 33014	I	Retired	CHE			200.
8 / 26 / 13 4	A.J. Jewelers 3185 West 76 Street Hialeah, FL 33016	B	Jewelry Store	REF		✓	-250.
8 / 29 / 13 5	Uribasterra, Pablo 6913 Sea Grape Ter Miami Lakes, FL 33014	I	Doctor	CHE			200.
8 / 29 / 13 6	Just in Tiempieces 36 NE 1 Street Miami, FL 33132	B	Jewelery Store	REF		✓	-250.
9 / 3 / 13 7	Pye, Janice 6510 Lake Como Ter Miami Lakes, FL 33014	I	Animal Care	CHE			250.
9 / 4 / 13 8	5 Diamond Prop Mgmt & Real Estate 16787 NW 78 Ave Miami, FL 33015	B	Property Manageme nt	REF		✓	-250.

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Star Rodriguez (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8 / 1 / 13 through 9 / 4 / 13 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
9 / 4 / 13	Eljaua, Jacobo 6520 Lake Como Ter Miami Lakes, FL 33014	I	Insurance Sales	CHE			250.
9							
/ /							
/ /							
/ /							
/ /							
/ /							

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Star Rodriguez

**Name**

(2) 7278 Jacaranda Lane

**Address (number and street)**

Miami Lakes, FL 33014

**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY**  
*Recd. 9/20/13  
4:21PM  
E. Tejeda-Castillo*

(3) ID Number: \_\_\_\_\_

(4) **Check appropriate box(es):**

Candidate (office sought): Town of Miami Lakes Council Seat 4

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 9 / 5 / 13 To 9 / 20 / 13 Report Type SE-1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1,725.00

Loans \$ 0.00

Total Monetary \$ 1,725.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 1,602.50

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,602.50

**(8) Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 1,725.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 1,602.50

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Star Rodriguez

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X**  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Star Rodriguez

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Star Rodriguez

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 5 / 13 through 9 / 20 / 13

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9 / 9 / 13	The Miami Laker 15450 New Barn Road Miami Lakes, FL 33014	Advertisement	DIS		\$603.75
1					
9 / 9 / 13	BaBa Graphics 6870 Miami Lakes Dr Miami Lakes, FL 33014	Graphic Work	DIS		\$498.75
2					
9 / 14 / 13	Star Rodriguez 7278 Jacaranda Lane Miami Lakes, FL 33014	Refund expenditures	REF		\$500.00
3					
/ /					
/ /					
/ /					
/ /					
/ /					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Star Rodriguez (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 5 / 13 through 9 / 20 / 13 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9 / 14 / 13	Eduardo Blanco 14331 Leaning Pine Dr Miami Lakes, FL 33014	I	RealEstate	CHE			250.
9							
9 / 15 / 13	James R. Dorminey 6900 Sea Grape Terr Miami Lakes, FL 33014	I	Retired	CHE			250.
10							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Star Rodriguez (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 5 / 13 through 9 / 20 / 13 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
9 / 5 / 13 1	Armando G.Valdes 7268 Jacaranda Ln Miami Lakes, FL 33014	I	Retired	CHE			50.
9 / 5 / 13 2	MargaretP. Yelvington 6750 Kingsmoor Way Miami Lakes, FL 33014	I	Retired	CHE			25.
9 / 8 / 13 3	Eileen Hall 8446 Ardoch Rd Miami Lakes, FL 33016	I	Homemaker	CHE			250.
9 / 10 / 13 4	Mary K. Gonzalez 8540 NW 169 Terr Miami Lakes, FL 33016	I	Clerical	CHE			50.
9 / 10 / 13 5	Bonnie Farrington 8500 Ardoch Rd Miami Lakes, FL 33016	I	Homemaker	CHE			250.
9 / 15 / 13 6	Susan Roth Oneill 8450 Menteith Place Miami Lakes, FL 33016	I	Homemaker	CHE			100.
9 / 13 / 13 7	Marcos Gonzalez 19308 W. Lake Dr Miami, FL 33015	I	Check Cashing	CHE			250.
9 / 13 / 13 8	Rebecca Gonzalez 19308 W. Lake Dr Miami, FL 33015	I	Homemaker	CHE			250.

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Star Rodriguez  
Name

(2) 7278 Jacaranda Lane  
Address (number and street)

Miami Lakes, FL 33014  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): Town of Miami Lakes Council Seat 4

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(3) ID Number: \_\_\_\_\_

**OFFICE USE ONLY**  
*Received by*  
*[Signature]*  
*9/25/2013 11:05 a.m.*

**(5) REPORT IDENTIFIERS**

Cover Period: From 9 / 19 / 13 To 9 / 24 / 13 Report Type SE TOML 3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 450.00

Loans \$ 0.00

Total Monetary \$ 450.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 745.70

Transfers to Office Account \$ 0.00

Total Monetary \$ 745.70

**(8) Other Distributions**

\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 4,275.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 3,997.83

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Star Rodriguez  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name) Star Rodriguez  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** [Signature]  
Signature

**X** [Signature]  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Star Rodriguez (2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 19 / 13 through 9 / 24 / 13 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
9 / 23 / 13 1	Karen Cohen 14510 Dade Pine Ave Miami Lakes, FL 33014	I	Home maker	CHE			250.00
9 / 24 / 13 2	Manny Gonzalez 13941 Leaning Pine Dr Miami Lakes, FL 33014	I	Educator	CAS			200.
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Star Rodriguez

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 9 / 19 / 13 through 9 / 24 / 13

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
9 / 25 / 13	Vital Graphics 2031 W 60 Street Hialeah, FL 33016	Printing	DIS		\$545.70
1					
9 / 23 / 13	Lo Ultimo Magazine 1800 West 49 Street Hialeah, FL 33012	Advertisment	DIS		\$200.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Star Rodriguez  
Name

(2) 7278 Jacaranda Lane  
Address (number and street)

Miami Lakes, FL 33014  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): Town of Miami Lakes Council Seat 4

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(3) ID Number: \_\_\_\_\_

**OFFICE USE ONLY**  
*Received by  
China Snyman  
9/25/2013 11:05 AM.*

**(5) REPORT IDENTIFIERS**

Cover Period: From 9 / 5 / 13 To 9 / 18 / 13 Report Type SE 2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1,725.00

Loans \$ 0.00

Total Monetary \$ 1,725.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 1,602.50

Transfers to Office Account \$ 0.00

Total Monetary \$ 1,602.50

**(8) Other Distributions**

\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 3,725.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 3,252.13

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Star Rodriguez  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** [Signature]  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Star Rodriguez  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** [Signature]  
Signature

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) STAR RODRIGUEZ

Name

(2) 7278 JACARANDA LANE

Address (number and street)

MIAMI LAKES, FL 33014

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

12/31/2013 12:15 PM.  
M. Tejeda

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Town of Miami Lakes Council Seat 4

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 9 / 25 / 13 To 12 / 31 / 13 Report Type SETR-4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ — 0 —

Total Monetary \$ \_\_\_\_\_

In-Kind \$ — 0 —

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 267.18

Transfers to Office Account \$ — 0 —

Total Monetary \$ 267.17

(8) Other Distributions \$ — 9.99

(9) TOTAL Monetary Contributions To Date \$ 4275.00

(10) TOTAL Monetary Expenditures To Date \$ 4275.00

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) STAR RODRIGUEZ

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** [Signature]  
Signature

(Type name) STAR RODRIGUEZ

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** [Signature]  
Signature