

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.

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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)

MARINA MEADOWS

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

13020 SW 56<sup>TH</sup> STREET  
MIAMI, FL 33183

4. Telephone

(305) 788-7679

5. E-mail address

MMEADCAMPAIGN@gmail.com

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

Dade County Commissioner District 10

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

My intent is to run as a Write-In candidate. N/A

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. N/A

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

10. Name of Treasurer or Deputy Treasurer

MARINA MEADOWS

11. Mailing Address

13020 SW 56<sup>TH</sup> STREET

12. Telephone

(305) 788-7679

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33183

17. E-mail address

MMEADCAMPAIGN@gmail.com

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

19. Name of Bank

TD BANK

20. Address

14995 SW 88<sup>TH</sup> STREET

21. City

Miami

22. County

Dade

23. State

Florida

24. Zip Code

33194

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

June 3<sup>rd</sup>, 2014

26. Signature of Candidate

X Marina Meadows

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

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

designated above as:  Campaign Treasurer  Deputy Treasurer.

June 3<sup>rd</sup>, 2014  
Date

X Marina Meadows  
Signature of Campaign Treasurer or Deputy Treasurer



Access to Handbook and the Election Laws of the State of Florida

Candidate/Chairperson:

MARINA

—

MEADOWS

First Name

Middle Name

Last Name

Miami Dade County Commissioner - District 10

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by:

Marina Meadows

Candidate / Chairperson Signature

Date:

June 3rd / 2014

Primary Telephone Number:

305-788-7679

Alternate Telephone Number:

305-761-4555

E-mail address:

mmeadcampaign@gmail.com

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or School Board Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill                |
| <input type="checkbox"/> Voter Information Card      | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt        | <input type="checkbox"/> Lease Agreement             |

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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

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

am a candidate for the nonpartisan office of Miami-Dade County Commissioner, Dist 10  
(OFFICE) (DISTRICT/GROUP/SEAT #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

**X** Marina Meadows 305-788-7679 mmeadcampaign@gmail.com  
 Signature of Candidate Telephone Number Email Address  
13020 SW 56th Terr. Miami Florida 33183  
 Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109308252

\* 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):  
MARINA MEADOWS

STATE OF FLORIDA  
 COUNTY OF MIAMI-DADE

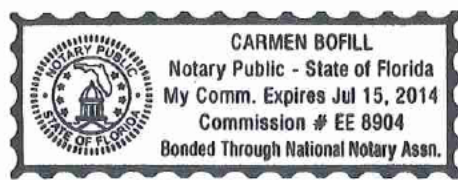
Sworn to (or affirmed) and subscribed before me this 4th day of June, 2014.

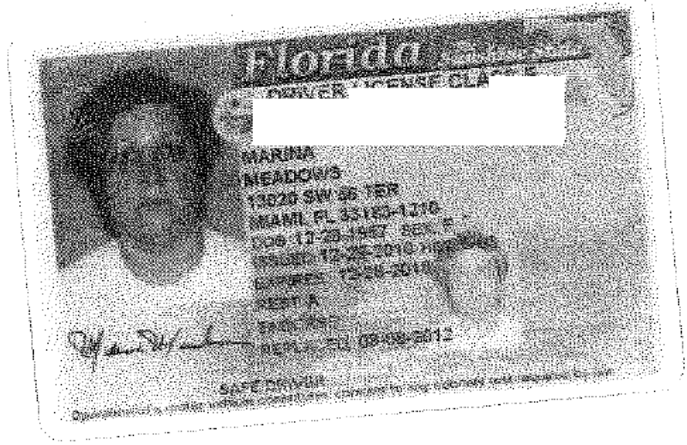
Personally Known: \_\_\_\_\_ or \_\_\_\_\_

Produced Identification: X

Type of Identification Produced:  
Fla. DL

Carmen P. Bofill  
 Signature of Notary Public  
 Print, Type, or Stamp Commissioned Name of Notary Public





FLORIDA DRIVER LICENSE



[Redacted License Number]

MARINA  
MEADOWS  
13020 SW 26 TER  
MIAMI FL 33183-4176  
DOB: 12-23-1987 SEX: F  
ISSUED: 12-22-2010 EXPIRES: 12-22-2018  
REST: A

*Marina Meadows*

CLASSIFICATION: REAL ID COMPLIANT

SAFE DRIVER

Operator's license without restrictions is subject to any federal and state laws.

