

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

RECEIVED

2014 JUN 16 AM 10:23

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

(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)

Elliott N Zack

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

8370 SW 89th St
Miami, FL 33156

4. Telephone

(305) 279-2942

5. E-mail address

enzack@aol.com

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

Community Council 12 - 125

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

McHenry Hamilton

11. Mailing Address

9485 Sunset Drive 8-280

12. Telephone

(305) 271-1480 ex-11

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33173

17. E-mail address

mchcpa@bellsouth.net

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

19. Name of Bank

Bank of America

20. Address

1199 NE 163rd St

21. City

North Miami Beach

22. County

Miami-Dade

23. State

FL

24. Zip Code

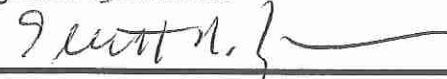
33162

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

06/11/2014

26. Signature of Candidate



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

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

designated above as: Campaign Treasurer Deputy Treasurer.

June 11, 2014
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)

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2014 JUN 16 AM 10:32

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)

ELLIOTT NOEL ZACK

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

8370 SW. 89 STREET
MIAMI, FL. 33156

4. Telephone

(305) 725-1102

5. E-mail address

ENZACK@AOL.COM

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

COMMUNITY COUNCIL 12/125

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

ELLIOTT NOEL ZACK

11. Mailing Address

8370 SW. 89 STREET

12. Telephone

(305) 725-1102

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33156

17. E-mail address

ENZACK@AOL.COM

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

19. Name of Bank

BANK OF AMERICA

20. Address

1199 NE 163 STREET, N. MIAMI BEACH, FL. 33162

21. City

NORTH MIAMI BEACH

22. County

MIAMI-DADE

23. State

FLORIDA

24. Zip Code

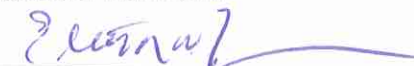
33162

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

6-16-14

26. Signature of Candidate

X 

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

I, ELLIOTT NOEL ZACK, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-16-14

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

RECEIVED
OFFICE USE ONLY

2014 JUN 16 AM 10:23

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, ELLIOTT POELZACK,

candidate for the office of COMMUNITY COUNCIL 12-125;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

6-16-14

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).



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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

ELLIOTT	NOEL	ZACK
First Name	Middle Name	Last Name
COMMUNITY COUNCIL 12 / 125		
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:
Candidate / Chairperson Signature

Date: 6-16-14

Primary Telephone Number: 305-725-1102

Alternate Telephone Number: 305-940-0023

E-mail address: ENZACK@AOL.COM

**Campaign Treasurer's Report
Miami-Dade County Electronic Filing Requirements**

Candidate (office sought): COMMUNITY COUNCIL 12/125
Candidate's Florida Voter Registration Number: 109008818

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, ELLIOTT NOEL ZACK
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

 6-16-14
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 305-940-0023

Alternate Contact Number: 305-725-1102

Email Address: ENZACK@AOL.COM

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

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2014 JUN 16 AM 10:23
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, ELLIOTT NOEL ZACK
(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 COMMUNITY COUNCIL 12-125
(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 [Signature] 305-725-1102 ENZACK@AOL.COM
Signature of Candidate Telephone Number Email Address
8370 SW 89 STREET MIAMI FL. 33156
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109008818

* 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):

ELLIOTT NOEL ZACK

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 2011 JUN 16 AM 0:23
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 16th day of JUNE, 20 14.

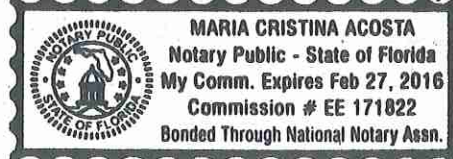
Personally Known: _____ or

Produced Identification:

Type of Identification Produced:

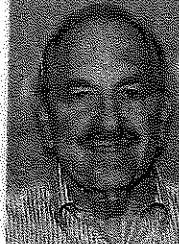
FL Drivers Lic.

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



Florida *The Sunshine State*

DRIVER LICENSE CLASS E



ELLIOTT NOEL
ZACK
8370 SW 89TH ST
MIAMI, FL 33156-7334
DOB: 05-20-1943 SEX: M
ISSUED: 05-14-2013 HGT: 5-10
EXPIRES: 05-20-2021

Elliott Noel Zack

REST A
ENDORSE:

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

FORM 1

STATEMENT OF

2013

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

ZACK - ELLIOTT - NOEL

MAILING ADDRESS :

8370 S.W. 89 STREET

CITY :

MIAMI

ZIP :

33156

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

MIAMI-DADE COUNTY, COMMUNITY COUNCIL

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMUNITY COUNCIL 12-125

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

*** 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, 2013 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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, write "none" or "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: PEJESKY & ZACK, P.A., 1031 N. MIAMI BEACH BLVD, N. MIAMI BEACH FL. 33162, LEGAL SERVICES.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: N/A.

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

Table with 2 columns: RESIDENCE LOCATED AT, ADDRESS. Row 1: 8370 S.W. 89 STREET, MIAMI, FL. 33156. Row 2: 408 SANDRIGHAM COURT, WINTER SPRINGS FL 32708.

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, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
SECURITIES	HELD IN ACCOUNTS AT MORGAN STANLEY, SMITH BARNEY

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
WELLS FARGO HOME MORTGAGE	1963 BELL AVE., DES MOINES, IA 50315
BANK OF AMERICA	1199 N.E. 163 rd STREET, N. MIAMI BEACH, FL 33162

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

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

SIGNATURE (required):

DATE SIGNED (required):

[Handwritten Signature]

6-16-14

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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, 2013.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7064019

RECEIVED FROM Elliott Zack
ADDRESS 8370 SW 89 Street
Miami CITY FL STATE 33154 ZIP

DATE 6 / 16 / 14
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 100.00
TOTAL \$ 100.00

AMOUNT OF: _____ DOLLARS, AND _____ CENTS TOTAL \$ 100.00
FOR PAYMENT OF: Qualifying Fee - Community Council 12/125
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Elections BY: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

ELLIOTT N. ZACK
CAMPAIGN ACCOUNT

DATE JUNE 16, 2014

0992
63-27/831 FL
953

PAY TO THE ORDER OF MIAMI-DADE COUNTY \$ 100.00
ONE HUNDRED DOLLARS DOLLARS

Bank of America

FOR QUALIFYING FEE / COMMUNITY COUNCIL 12/125 Elliott Zack

Security Features: Check on Back.