

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

(PLEASE TYPE)

RECEIVED  
OFFICE USE ONLY

2006 JUL -7 PM 1:45

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: **Dorrin D. Rolle**  
1. Address (include post office box or street, city, state, zip code): **1001 N.W. 90th Street Miami, FL 33150**

Telephone (optional): **(305) 693-9607**  
2. Party (Partisan candidates only):  
3. Office (add district, circuit, group number) **Dist. 2 Miami-Dade County Commissioner**

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

4. Name of Treasurer or Deputy Treasurer:  
**Anthony Jackson**

5. Mailing Address (If post office box or drawer add street address): **1515 N.W. 167th Street Suite 4-110K**  
6. Telephone: **305-623-3032**

7. City: **Miami**    8. County: **Dade**    9. State: **Florida**    10. Zip Code: **33027**

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

11. Name of Bank: **Washington Mutual**  
12. Street Address: **5800 N.W. 7th Avenue**

13. City: **Miami**    14. County: **Dade**    15. State: **Florida**    16. Zip Code: **33150**

17. Signature of Candidate:     Date: **7-7-07**

**Campaign Treasurer's Acceptance of Appointment**

I, **Anthony Jackson**, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of **Dorrin D. Rolle**

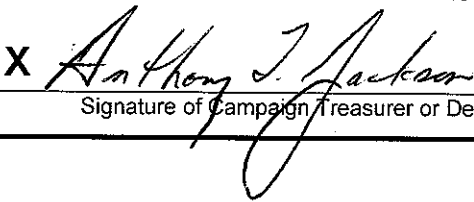
who is seeking nomination or election as a  candidate to the office of  
(Party)

**Miami-Dade County Commissioner D-2** As a duly registered voter in **Forward P.O. Box 4**

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.

**7/7/06**  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

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

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MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment  Deputy Treasurer  Reappointment of Treasurer  Secondary Depository

Name of Candidate

Dorrin D. Rolle

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

1001 N.W. 90th Street Miami, FL 33150

Telephone (optional)

( 305 ) 693-9607

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number) Dist. 2

Miami-Dade County Commissioner

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

4. Name of Treasurer or Deputy Treasurer

Andrea Young

5. Mailing Address (If post office box or drawer add street address)

2225 N.W. 177 Terrace

6. Telephone

786-301-9557

7. City

Miami Gardens

8. County

Dade

9. State

Florida

10. Zip Code

33056

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

11. Name of Bank

Washington Mutual

12. Street Address

5800 N.W. 7th Avenue

13. City

Miami Gardens

14. County

Dade

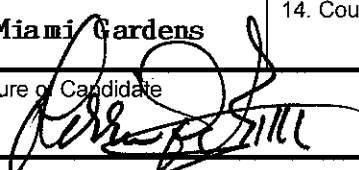
15. State

Florida

16. Zip Code

33056

17. Signature of Candidate

X 


Date

7-7-06

Campaign Treasurer's Acceptance of Appointment

I, Andrea Young, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of Dorrin D. Rolle

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

Miami-Dade County Comm., Dist. 2. As a duly registered voter in Dade

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.

7-6-06

Date

X Andrea Young  
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY: 25

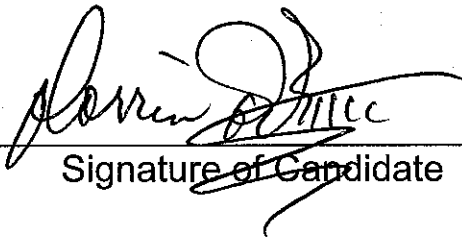
MIAMI-DADE  
ELECTIONS

I, Dorrin D. Rolle,

candidate for the office of Miami Dade County Commissioner District 2 ;

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

X

  
Signature of Candidate

July 6, 2005

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).



Miami-Dade Supervisor of Elections

2700 NW 87<sup>th</sup> Avenue

Doral, FL 33172

(305) 499-8400

**RECEIPT**

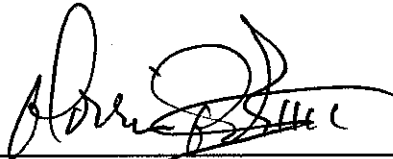
**Candidate:**

Dorrin	Delano	Rolle
First Name	Middle Name	Last Name

**Office: Miami-Dade County Commissioner District # 2**

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Commissioner**

Received by:   
Candidate Signature

Date: 7/7/05

MIAMI-DADE ELECTIONS

2005 JUL - 8 AM 11: 26

RECEIVED

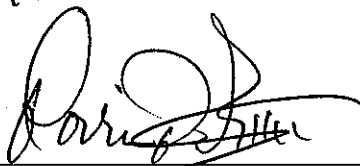


**Campaign Treasurer's Report  
Filing Requirement  
Electronic Filing Statement  
For Miami-Dade County Candidates**

I, Dorrin D. Rolle, candidate for the office of County Commissioner District 2, have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission, and Community Council candidates.

In order to comply with the requirement I declare that I understand that Campaign Treasurer Reports be filed on diskettes or CD-ROMS simultaneously with and in addition to the original signed report, I further declare that:

- I will purchase the necessary software.
- I will use the software provided by the Supervisor of Elections.

  
Signature of Candidate

July 6, 2005  
Date

# 305-637-1018 / 305-375-4833  
Day time Phone #

E-mail address

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2005 JUL - 8 AM 11:26  
MIAMI-DADE  
ELECTIONS

# MIAMI-DADE COUNTY COMMISSIONER LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<b>Dorrin</b>	<b>D.</b>	<b>Rolle</b>
---------------	-----------	--------------

First Name

Middle Name/Initial

Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida

## OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

**Dorrin D. Rolle**

(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 office of **Miami-Dade County Commissioner** District # **42**  
(office)

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.

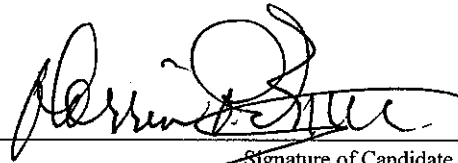
## CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Unincorporated Miami-Dade County, and that I have been a resident elector of the district for which I am qualifying for six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- voter registration card  driver's license  property tax receipt  
 homestead exemption receipt  utility bill  lease agreement

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

### SIGN HERE



Signature of Candidate

1001 N.W. 90th Street

Current Address of Legal Residence

(305) 693-9607

Day Phone

( )

Fax Number

(305) 696-8841

Other Phone Number

Email Address

Miami

City

Florida

State

33150

Zip Code

July 5, 2006

Date Signed

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 5<sup>th</sup> day of July, 2006 by



Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me

Identification provided

