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2006 JAN 23 PM 2: 33

MIAMI-DADE
ELECTIONS

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

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

Phillip J. Brutus, Esquire

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

1125 NE 125 Street, # 103, N. Miami, Fla. 33161

Telephone (optional)
(305) 790-1038

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)

Miami-Dade County Commission., Dist.2

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

4. Name of Treasurer or Deputy Treasurer

Phillip J. Brutus, Esquire

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

1125 NE 125 Street, Suite 103

6. Telephone

(305) 790-1038

7. City

North Miami

8. County

Miami-Dade

9. State

Florida

10. Zip Code

33161

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

11. Name of Bank

Bank of America

12. Street Address

990 NE 125 Street

13. City

North Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33161

17. Signature of Candidate

X

Date

JAN. 18, 2006

Campaign Treasurer's Acceptance of Appointment

I, Phillip J. Brutus, Esquire, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Phillip J. Brutus

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

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

Jan-18, 2006
Date

X
Signature of Campaign Treasurer or Deputy Treasurer

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ELECTIONS

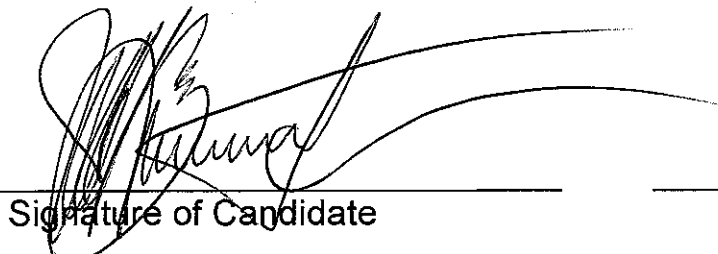
**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, Phillip J. Brutus ,
candidate for the office of Miami-Dade County Commission, District 2 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

January 18, 2006

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 87th Avenue
 Doral, FL 33172 (305) 499-8400

RECEIPT

Candidate:

Phillip J. BRUTUS
 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: 07/13/06

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 2006 JUL 14 PM 3:49
 MIAMI-DADE
 ELECTIONS

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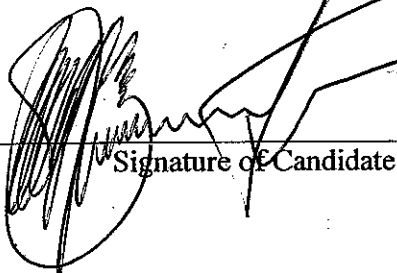


Campaign Treasurer's Report MIAMI-DADE
Filing Requirement ELECTIONS
Electronic Filing Statement
For Miami-Dade County Candidates

I, Phillip J. Brutus, candidate for the office of Miami-Dade County Commission, 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

January 18, 2006

Date

(305) 790-1038

Day time Phone #

BrutusLaw@aol.com

E-mail address

MIAMI-DADE COUNTY COMMISSIONER LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<i>Phillip</i>	<i>J.</i>	<i>Brutus</i>
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,

Phillip J. Brutus

(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 # **2**
(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:

- 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

Phillip J. Brutus
Signature of Candidate

170 NW 139 Street
Current Address of Legal Residence

(305) 790-1038 (305) 899-8415
Day Phone Fax Number

305 899-0411
Other Phone Number

BrutusPhaw@aol.com
Email Address

Miami, FL 33168
City State Zip Code

07/13/06
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 *13*

Isabel Velez
Commission # DD559516
Expires June 7, 2010
Bonded Troy Fain - Insurance, Inc. 800-245-7019

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me Identification provided

Florida DRIVER'S LICENSE

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2006 JUL 16 PM 3:49
MIAMI-DADE COUNTY ELECTIONS



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331638

RECEIVED FROM Phillip Brutus
ADDRESS 1125 NE 125 ST # 103
North Miami STREET ADDRESS
CITY STATE ZIP
FL 33161
STATE ZIP

DATE 7 / 7 / 06
MONTH DAY YEAR
CASH \$ _____
CHECKS \$ 360.00

AMOUNT OF: _____ DOLLARS, AND _____ CENTS TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying Fee - County Comm. Dist 2

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections By: Maria Acosta

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

