

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

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate Audrey Edmonson	1. Address (include post office box or street, city, state, zip code) 295 NE 88 Street, El Portal, FL 33138
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Telephone (optional)	2. Party (Partisan candidates only)	3. Office (add district, circuit or group number) Co. Commissioner, District 3
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Marty Pinkston

5. Mailing Address (if post office box or drawer add street address) 620 S. Lake Dasha Drive	6. Telephone (305) 987-0316
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7. City Plantation	8. County Broward	9. State FL	10. Zip Code 33324
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Wachovia	12. Street Address 9301 NW 7 Avenue
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13. City Miami	14. County Miami-Dade	15. State FL	16. Zip Code 33150
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17. Signature of Candidate <i>X Audrey Edmonson</i>	Date <i>July 5, 2006</i>
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Campaign Treasurer's Acceptance of Appointment

I, Marty Pinkston, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Audrey Edmonson

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

Co. Commissioner, District 3 . As a duly registered voter in Broward

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.**

July 5, 2006
Date

X Marty Pinkston
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

2006 FEB 27 OFFICE USE ONLY
PM 2:51

MIAMI-DADE
ELECTIONS

I, Audrey M. Edmonson,

candidate for the office of County Commissioner, District 3 ;

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

X Audrey M. Edmonson
Signature of Candidate

2/27/06
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

RECEIVED

(305) 499-8400

2006 FEB 27 PM 2:51

RECEIPT	MIAMI-DADE ELECTIONS
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Candidate:

Audrey	M.	Edmonson
First Name	Middle Name	Last Name

Office: Miami-Dade County Commissioner District # 3

This is to acknowledge my receipt of the following documents:

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

Received by: *Audrey M. Edmonson*
 Candidate Signature

Date: 2/27/06

RECEIVED

2006 FEB 27 PM 2:51



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

I, Audrey M. Edmonson, candidate for the office of County Commissioner, Dist. 3, 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.

Audrey M. Edmonson
Signature of Candidate

2/26/06
Date

305.582.1980
Day time Phone #

amedmonson@yahoo.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, Audrey Moss Edmonson
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, Audrey M. Edmonson
(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 Dist. 3
(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 subarea for which I am qualifying for three (3) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the subarea 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

Audrey M. Edmonson
Signature of Candidate

295 N.E. 88 Street
El Portal, Florida 33138
Current Address of Legal Residence

(305) 582-1980 (305) 754-0087
Day Phone Fax Number

(305) 754-7059
Other Phone Number

amedmonson@yahoo.com
Email Address

El Portal Florida 33138
City State Zip Code

7/5/06
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.

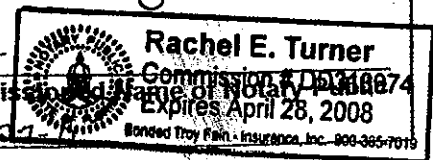
State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 5th day of July, 2006 by Audrey Moss Edmonson
Comm.# DD313974

Rachel E. Turner
Signature of Notary Public - State of Florida

Rachel E. Turner
Print, Type or Stamp Commission # DD313974
Expires April 28, 2008

Personally known to me Identification provided FL DL # E 355-013-53-521





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331640

RECEIVED FROM Audrey Moss Edmonson

DATE 7 / 11 / 06
MONTH DAY YEAR

ADDRESS 295 NE 88 ST
STREET ADDRESS
El Portal FL 33138
CITY STATE ZIP

CASH \$ _____
 CHECKS \$ 360.00

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

FOR PAYMENT OF: Qualifying Fee - County Comm. Dist. 3

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

DEPT.: Elections By: MARIA ALOSTA

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

AUDREY MOSS EDMONSON
CAMPAIGN ACCOUNT
 620 S. Lake Dasha Drive
 Plantation, FL 33324

1057
 63-643/670
 BRANCH 00865

Date July 5, 2006

Pay to the Order of Board of Co. Commissioners \$ 360.00
Three Hundred Sixty and 00/100 Dollars



For Qualifying Fee Maria Alosta

⑈001857⑈ ⑆067006432⑆ 2000029317510⑈

BLUE MARBLE XMB

Security Features Details on Back.

MP