

RECEIVED

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

OFFICE USE ONLY

2006 FEB 23 PM 4:22

MIAMI-DADE
ELECTIONS

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: BESS L. McELROY
1. Address (include post office box or street, city, state, zip code):
5301 NE 5 AVENUE
MIAMI, FL 33137

Telephone (optional): () 2. Party (Partisan candidates only):
3. Office (add district, circuit or group number):
COMMISSIONER DIST. 3

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

4. Name of Treasurer or Deputy Treasurer:
JENNETTA DAVIS

5. Mailing Address (If post office box or drawer add street address):
1520 NW 56 STREET
6. Telephone:

7. City: MIAMI 8. County: MIAMI-DADE 9. State: FL 10. Zip Code: 33142

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

11. Name of Bank: BANK OF AMERICA 12. Street Address: 5000 BISCAYNE BLVD.

13. City: MIAMI 14. County: MIAMI-DADE 15. State: FL 16. Zip Code: 33137

17. Signature of Candidate: X Bess L. McElroy Date: 2-23-06

Campaign Treasurer's Acceptance of Appointment

I, JENNETTA DAVIS, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of BESS L. McELROY

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

COMMISSIONER, DIST. 3 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.

2-23-06
Date

X Jennetta Davis
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.)

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED
2006 JUL 19 AM 10:28
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate <u>BESS L. McELROY</u>	1. Address (include post office box or street, city, state, zip code) <u>5301 NE 5 AVENUE MIAMI, FL 33137</u>
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Telephone (optional) ()	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) <u>County Commission District 3</u>
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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
BESS L. McELROY

5. Mailing Address (If post office box or drawer add street address) <u>5301 NE 5 AVENUE</u>	6. Telephone
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7. City <u>MIAMI</u>	8. County <u>MIAMI-DADE</u>	9. State <u>FL</u>	10. Zip Code <u>33137</u>
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank <u>BANK OF AMERICA</u>	12. Street Address <u>5000 BISCAYNE BLVD.</u>
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13. City <u>MIAMI</u>	14. County <u>MIAMI-DADE</u>	15. State <u>FL</u>	16. Zip Code <u>33137</u>
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17. Signature of Candidate <input checked="" type="checkbox"/> <u>Bess L. McElroy</u>	Date <u>7-13-06</u>
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Campaign Treasurer's Acceptance of Appointment

I, BESS L. McELROY, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of BESS L. McELROY

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

COUNTY COMMISSION DISTRICT 3 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.**

7-13-06
Date

Bess L. McElroy
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

OFFICE USE ONLY

2006 FEB 23 PM 4: 22

MIAMI-DADE
ELECTIONS

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, BESS L. McELROY,

candidate for the office of Cty. Commissioner, Dist. 3;

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

X Bess L. McElroy
Signature of Candidate

2-23-06
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).



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

I, BESS L. McELROY, candidate for the office of COUNTY COMMISSION DISTRICT 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.

Bess L. McElroy
Signature of Candidate

7-5-06
Date

305-757-4467
Day time Phone #

@bess@att.net
E-mail address

RECEIVED
2006 JUL 10 PM 2:40
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

MIAMI-DADE COUNTY COMMISSIONER LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I, <u>BESS</u>	<u>L.</u>	<u>McELROY</u>
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, BESS L. McELROY
(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

Bess L. McElroy
Signature of Candidate

530 NE 5 AVENUE
Current Address of Legal Residence

(305) 757-4467 (775) 854-2053
Day Phone Fax Number

() Other Phone Number bess@att.net Email Address

Miami FL 33137 7-5-06
City State Zip Code 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 8 day of JULY, 2004 by BESS L. McELROY

John A. Burton Jr.
Signature of Notary Public - State of Florida

JOHN A. BURTON JR.
Print, Type or Stamp Commissioned Name of Notary Public

- Personally known to me Identification provided FL DRIVER LIC.



