

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 JUL 10 AM 11:27
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Steven Sapp
1. Address (include post office box or street, city, state, zip code):
PO Box 924293
Princeton, FL 33092

Telephone (optional): _____
2. Party (Partisan candidates only): _____
3. Office (add district, circuit or group number):
MIAMI-DADE COUNTY
COMMISSION DISTRICT 8

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

4. Name of Treasurer or Deputy Treasurer:
Steven Sapp

5. Mailing Address (If post office box or drawer add street address):
27451 S.W. 170 Ave
6. Telephone:
305-246-5149

7. City: Homestead 8. County: MIAMI-DADE 9. State: FLORIDA 10. Zip Code: 33031

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

11. Name of Bank: BANK OF AMERICA 12. Street Address: 850 N. Homestead Blvd.

13. City: Homestead 14. County: MIAMI-DADE 15. State: FL 16. Zip Code: 33030

17. Signature of Candidate: X Steven Sapp Date: 7/10/06

Campaign Treasurer's Acceptance of Appointment

I, Steven Sapp, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Steven Sapp

who is seeking nomination or election as a _____ candidate to the office of
MIAMI-DADE COUNTY COMMISSION (Party)

DISTRICT 8 . As a duly registered voter in MIAMI-DADE COUNTY

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.

7/10/06
Date

X Steven Sapp
Signature of Campaign Treasurer or Deputy Treasurer

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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, Steven Sapp,

candidate for the office of MIAMI DADE COUNTY COMMISSION ;
DISTRICT 8

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Steven Sapp
Signature of Candidate

7/10/06
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

(305) 499-8400

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ELECTIONS DEPARTMENT

RECEIPT

Candidate:

STEVEN

-S

SAPP

First Name

Middle Name

Last Name

Office: Miami-Dade County Commissioner District # 8

This is to acknowledge my receipt of the following documents:

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

Received by: Steven Sapp
Candidate Signature

Date: 7/10/06

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT



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

I, Steven Sapp, candidate for the office of MIAMI DADE COUNTY COMMISSION DISTRICT 8, 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.

Steven Sapp
Signature of Candidate

7/10/06
Date

305-310-8043
Day time Phone #

Steve Sapp 2006@bellsouth.net
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,

STEVEN	SAMUEL	SAPP
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, Steve Sapp

(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 # 8
(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 utility bill property tax receipt lease agreement homestead exemption receipt

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

Steven Sapp
Signature of Candidate

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2006 JUN 10 AM 11:27
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

27451 SW 170 Ave Homestead FL

Current Address of Legal Residence

(305) 310 8043

Day Phone

(305) 247-6502

Fax Number

()

Other Phone Number

stevesapp2006@bellsouth.net

Email Address

Homestead

City

FL

State

33031

Zip Code

7/10/06

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 10th day of July 2006 at Homestead, FL Steven Sapp

[Signature]
Signature of Notary Public - State of Florida

Personally known to me

Identification provided

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



