

**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

2006 JUL 18 PM 4:21

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate Michael B. Hatcher	1. Address (include post office box or street, city, state, zip code) 25145 SW 144th AVE Redland Florida 33032
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Telephone (optional) (786) 443 5885	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) Community Council #14 - 145
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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
Michael B. Hatcher

5. Mailing Address (If post office box or drawer add street address) 25145 SW 144th AVE Redland Florida 33032	6. Telephone 786 443 5885
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7. City Redland	8. County MIAMI-DADE	9. State Florida	10. Zip Code 33032
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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 1101 No Krome
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13. City HOMESTEAD	14. County MIAMI DADE	15. State FLORIDA	16. Zip Code 33030
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17. Signature of Candidate X	Date 7/18/06
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Campaign Treasurer's Acceptance of Appointment

I, Michael B. Hatcher, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Michael B. Hatcher

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

Community Council #14 145 . 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.**

7/18/06
Date

X
Signature of Campaign Treasurer or Deputy Treasurer

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

**STATEMENT OF
CANDIDATE**

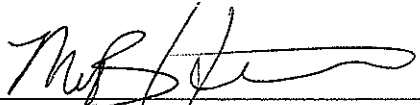
(Section 106.023, F.S.)

(Please Type)

I, M. B. Mike Hatcher,

candidate for the office of Community Council 14 - 145;

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

X 
Signature of Candidate

7/18/06
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
Miami, FL 33172

(305) 499-8400

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

RECEIPT

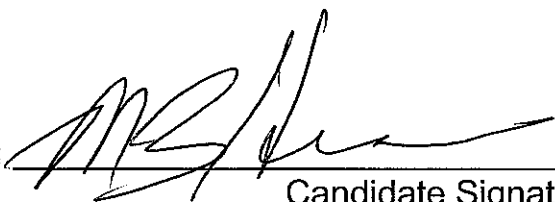
Candidate:

M. B. MIKE		HATCHER
First Name	Middle Name	Last Name

Office: Community Council Area 14 / Subarea # 145

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Community Council

Received by: 
Candidate Signature

Date: 7/18/06

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

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, M.B. Mike Hatcher, candidate for the office of Community Council #14 Sub Area 145, 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.

M. B. Hatcher

Signature of Candidate

7/18/06

Date

786 443 5885

Day time Phone #

Redlog@mail.com

E-mail address

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10; Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

2006 JUL 18 PM 1:21
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I,

Michael

First Name

M B HATCHER
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Middle Name/Initial

HATCHER

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,

M. B. MIKE HATCHER

(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 Community Council Area # 141 Subarea # 145
(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:

- 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

25145 S.W. MORNINGSIDE DRIVE

Current Address of Legal Residence

(786) 443-5885 (305) 258 8793

Day Phone

Fax Number

(305) 258 - 3264

Other Phone Number

Redlog@mail.com

Email Address

Redland

City

Florida

State

33032

Zip Code

7/18/06

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 _____ day of _____, 2006 by _____

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me

Identification provided

