

RECEIVED

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 JUN 29 AM 10: 07

MIAMI-DADE  
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate  
Anthony Dawkins

1. Address (include post office box or street, city, state, zip code)  
1865 N.W. 69 Terr  
Miami, FL 33147

Telephone (optional)

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)  
Commissioner Dist # 2

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

4. Name of Treasurer or Deputy Treasurer  
Anthony Dawkins

5. Mailing Address (If post office box or drawer add street address)  
1865 N.W. 69 Terr

6. Telephone  
305.962-3517

7. City  
Miami

8. County  
Dade

9. State  
FL

10. Zip Code  
33147

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

11. Name of Bank  
Bank of America

12. Street Address  
2601 N.W. 54 St

13. City  
Miami

14. County  
Dade

15. State  
FL

16. Zip Code  
33147

17. Signature of Candidate  
[Signature]

Date  
6/27/06

Campaign Treasurer's Acceptance of Appointment

I, Anthony Dawkins, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Anthony Dawkins

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of \_\_\_\_\_

(Party)  
Commissioner Dist # 2 As a duly registered voter in 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.

6/27/06  
Date

[Signature]  
Signature of Campaign Treasurer or Deputy Treasurer

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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 JUN 29 AM 10:07

MIAMI-DADE  
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate  
Anthony J. Dawkins

1. Address (include post office box or street, city, state, zip code)  
1865 N.W. 69 Terr  
Miami FL 33147

Telephone (optional)

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)  
Commissioner Dist #2

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

4. Name of Treasurer or Deputy Treasurer  
Linda McDuffie

5. Mailing Address (If post office box or drawer add street address)  
2950 N.W. 171 St

6. Telephone  
305 623-4688

7. City  
Miami

8. County  
Dade

9. State  
FL

10. Zip Code  
33056

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

11. Name of Bank  
Bank of America

12. Street Address  
2601 N.W. 54 St

13. City  
Miami

14. County  
Dade

15. State  
FL

16. Zip Code  
33147

17. Signature of Candidate  
X Anthony J. Dawkins

Date  
6/27/06

Campaign Treasurer's Acceptance of Appointment

I, Linda McDuffie, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Anthony J. Dawkins

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

Commissioner Dist #2 . As a duly registered voter in 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.

6-27-06  
Date

X Linda McDuffie  
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2006 JUN 20 PM 12:10  
OFFICE USE ONLY  
MIAMI-DADE  
ELECTIONS

**STATEMENT OF  
CANDIDATE**

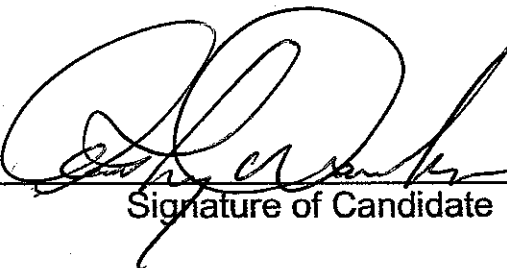
(Section 106.023, F.S.)

(Please Type)

I, Anthony L. Dawkins,

candidate for the office of Commissioner Dist #2;

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

X   
Signature of Candidate

6/20/06  
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 87<sup>th</sup> Avenue  
Doral, FL 33172

(305) 499-8400

RECEIVED

~~2006 JUN 20 PM 12:11~~

<b>RECEIPT</b>	MIAMI-DADE ELECTIONS
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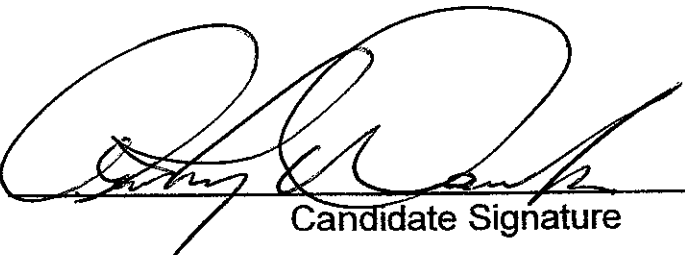
**Candidate:**

<u>Anthony</u>	<u>h</u>	<u>Dawkins</u>
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: 6/20/06

RECEIVED

2006 JUN 20 PM 12:10

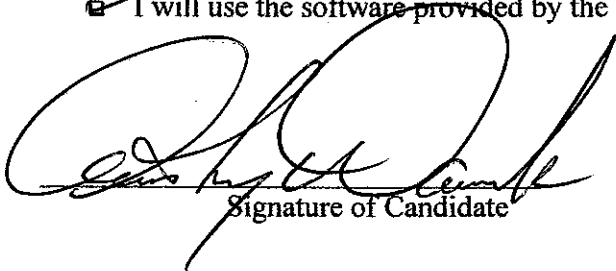


Campaign Treasurer's Report MIAMI-DADE  
Filing Requirement ELECTIONS  
Electronic Filing Statement  
For Miami-Dade County Candidates

I, Anthony L. Dawkins, candidate for the office of Commissioner District 12, 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

6/20/06  
Date

305 962-3517  
Day time Phone #

Lmdawfs11@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,

<u>Anthony</u> First Name	<u>L</u> Middle Name/Initial	<u>Dawkins</u> 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,

Anthony Dawkins

(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

Anthony Dawkins  
Signature of Candidate

RECEIVED  
MIAMI-DADE  
ELECTIONS  
JUL - 6 PM 12:58

1865 N.W. 69 TERSS  
Current Address of Legal Residence

(305) 962-3517  
Day Phone      Fax Number

(305) (305) 693-8227  
Other Phone Number

Inner City Youth S.F at BellSouth - NE  
Email Address

Miam      FL      33147      7/10/06  
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.

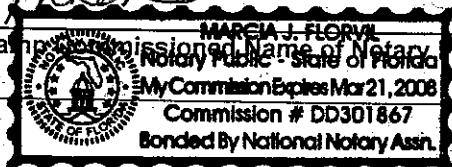
State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 06 day of July, 2006 by Anthony Dawkins

Marcia J. Hoerl  
Signature of Notary Public - State of Florida

MARCIA J. HOERL  
Print, Type or Stamp the Commissioned Name of Notary Public

Personally known to me       Identification provided



0252-521-63-0840

NAPA VALLEY

**CAMPAIGN ACCOUNT FOR ANTHONY DAWKINS** 04-06 176

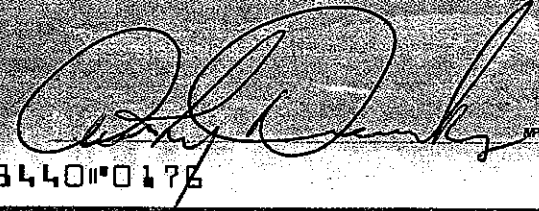
305-693-8227  
1865 N.W. 69TH TER  
MIAMI, FL 33147-6921

DATE 7/6/06  
63-4/630 FL 1662

PAY TO THE ORDER OF Board of County Commission \$ 360.00  
Three Hundred sixty <sup>00/100</sup> DOLLARS

**Bank of America**

ACH/RFT 063100277

FOR Commission Seat Dist #2 

⑆063000047⑆ 008981503440⑆0176



**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 5331951

RECEIVED FROM Campaign Anthony Dawkins DATE 07 / 10 / 06  
MONTH DAY YEAR

ADDRESS 1865 NW 69 TR CASH \$ \_\_\_\_\_  
STREET ADDRESS  
Miami CITY FL STATE 33147 ZIP  
CHECKS \$ 360.00

AMOUNT OF: Three hundred & sixty DOLLARS, AND 00 CENTS TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying fee - Commission - Dist #2

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

DEPT.: Elections By: Martha Gonzalez

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

MIAMI-DADE ELECTIONS  
2006 JUL -6 PM 1:15  
RECEIVED