

**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 17 PM 1:48

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate PEGGY A. STROKER	1. Address (include post office box or street, city, state, zip code) 1351 NE MIAMI GARDENS DR. #1701 E MIAMI FL
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Telephone (optional) 305-3547441	2. Party (Partisan candidates only)	3. Office (add district, circuit or group number) COMMUNITY COUNCIL 2 SUBAREA 23
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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
PEGGY A. STROKER

5. Mailing Address (If post office box or drawer add street address) 1351 NE MIAMI GARDENS DR # 1701 E	6. Telephone 305-354-7441
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7. City MIAMI	8. County MIAMI DADE	9. State FL	10. Zip Code 33179
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank PENINSULA	12. Street Address 1802 NE MIAMI GARDENS DR
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13. City NORTH MIAMI BEACH	14. County MIAMI - DADE	15. State FL	16. Zip Code 33179
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17. Signature of Candidate X 	Date 7/14/06
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Campaign Treasurer's Acceptance of Appointment

I, PEGGY A. STROKER, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of PEGGY A STROKER

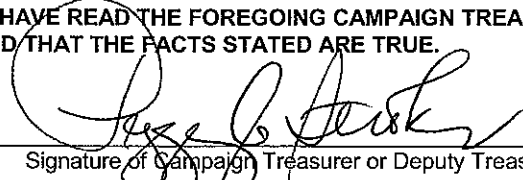
who is seeking nomination or election as a NON PARTISAN candidate to the office of
COMMUNITY COUNCIL 2 (Party)

SUBAREA 23. 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.**

7/14/06
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

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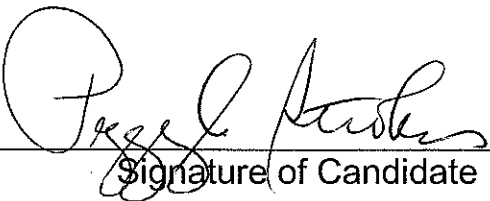
**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
ELECTIONS DEPARTMENT

I, PEGGY A. STROKER,
candidate for the office of COMMUNITY COUNCIL 2 SUBAREA 23;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

7/14/06
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

RECEIVED

2006 JUL 17 PM 1:45
(305) 499-8400

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

RECEIPT

Candidate:

PEGGY A. STROKER
First Name Middle Name Last Name

Office: Community Council Area 2 / Subarea # 23

This is to acknowledge my receipt of the following documents:

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

Received by: Peggy Stroker
Candidate Signature

Date: 7/14/06



RECEIVED
2006 JUL 17 PM 1:45
MIAMI-DADE COUNTY
SUPPORT DEPARTMENT

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

I, PEGGY A. STROKER, Candidate for the Office of COMMUNITY COUNCIL 2 SUBAREA 23, have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission and Community Council Members.

In order to comply with the requirement, I declare that I understand that Campaign Treasurer Reports be filed electronically, and in addition to the original signed report, I further declare that:

- I will use the website provided by the Supervisor of Elections.
- I will upload the data from my software to the Supervisor of Elections website.

Signature of Candidate

7/14/06
Date

305-354-7441
Day time Phone #

annmarie365@aol.com
E-mail address

305-944-4820
Fax #

This form must be filed within (5) five business days of opening the Campaign Account.

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<u>Peggy</u> First Name	<u>A.</u> Middle Name/Initial	<u>STROKER</u> Last Name
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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, PEGGY A. STROKER
(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 # 2 Subarea # 23
(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

Peggy A. Stroker
Signature of Candidate

1351 NE MIAMI GARDENS DR #1701 E
Current Address of Legal Residence

(305) 354-7441 (305) 944-4820
Day Phone Fax Number

()
Other Phone Number

annmarie365@aol.com
Email Address

Miami FL 33179
City State Zip Code

7/14/06
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 14th day of July, 2006 by PEGGY A. STROKER

Maria Wolf
Signature of Notary Public - State of Florida


Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me Identification provided

