

**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 3:34
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Gale L. Wimbley 1. Address (include post office box or street, city, state, zip code): 22523 SW 113th PL

Telephone (optional): () 2. Party (Partisan candidates only): 3. Office (add district, circuit, group number): CC-15-Subarea 151

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

4. Name of Treasurer or Deputy Treasurer: Gale L. Wimbley

5. Mailing Address (If post office box or drawer add street address): 22523 SW 113th PL 6. Telephone: 305 235-3183

7. City: Coulds 8. County: Miami Dade 9. State: FL 10. Zip Code: 33170

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

11. Name of Bank: 0089 8314 3329 Bank of America 12. Street Address: 18341 S Dixie Hwy

13. City: Miami 14. County: Miami Dade 15. State: FL 16. Zip Code: 33157

17. Signature of Candidate: X Gale L. Wimbley Date: 7-17-06

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer Deputy Treasurer for the campaign of Gale L. Wimbley

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

CC 15 Subarea 151 (Party) 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.**

07/17/06 Date X Gale L. Wimbley Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

2006 JUL 17 11 59 AM
OFFICE USE ONLY

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Gale L Wimbley,

candidate for the office of Community Council 15 - Sub Area 151

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

X Gale L Wimbley
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

(305) 499-8400 RECEIVED

2006 JUL 17 PM 3:34

RECEIPT MIAMI DADE COUNTY ELECTIONS DEPARTMENT

Candidate:

Gale

Ladler

Wimbley

First Name

Middle Name

Last Name

Office: Community Council Area 15 / Subarea # 151

This is to acknowledge my receipt of the following documents:

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

Received by: Gale L Wimbley
Candidate Signature

Date: 7/16/06



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

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JUL 17 PM 3:35

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Gale L. Wimbley, candidate for the office of CC 15 - SubArea 151, 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.

Gale L Wimbley
Signature of Candidate

7/16/06
Date

305 235-3183 (NP)
Day time Phone #

N/A
E-mail address

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<u>Gale</u> First Name	<u>L.</u> Middle Name/Initial	<u>Wimbley</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,

Gale L. Wimbley
(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 # 15 Subarea # 151
(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

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 2006 JUL 16
 PM 3:35
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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

Gale L. Wimbley
Signature of Candidate

22523 SW 113th PL
 (305) 235-3183
 N/A
 Current Address of Legal Residence Day Phone Fax Number

() N/A N/A
 Other Phone Number Email Address

Goolds FL 33170 _____
 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 16TH day of JULY, 2006 by _____

William E. Coleman Sr.
Signature of Notary Public – State of Florida

Print, Type or Stamp  Notary Public State of Florida
 William E Coleman Sr.
 My Commission DP436017
 Expires 05/30/2009
 Commissioned Name of Notary Public

Personally known to me Identification provided

