

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate PATRICIA GORDON DAVIS	1. Address (include post office box or street, city, state, zip code) 10061 SW 166 AVE MIAMI, FL 33190
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Telephone (optional) 305.542.5478	2. Party (Partisan candidates only) —	3. Office (add district, circuit, group number) CZAB 11 AT LARGE
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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
PATRICIA GORDON DAVIS

5. Mailing Address (If post office box or drawer add street address) 10061 SW 166 AVE	6. Telephone 305.542.5478
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7. City MIAMI	8. County MIAMI-DADE	9. State FL	10. Zip Code 33190
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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 13700 SW 88 ST
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13. City MIAMI	14. County MIAMI-DADE	15. State FL	16. Zip Code 33186
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17. Signature of Candidate X 	Date 6/27/06
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Campaign Treasurer's Acceptance of Appointment

I, **PATRICIA GORDON DAVIS**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **PATRICIA GORDON DAVIS**.

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

CZAB 11 AT LARGE . 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.**

<u>6/27/06</u> Date	X  Signature of Campaign Treasurer or Deputy Treasurer
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ELECTIONS

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

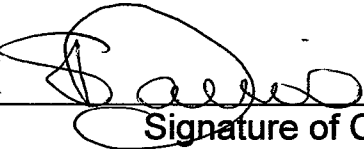
(Please Type)

I, Patricia Gordon Davis,

candidate for the office of CZAB 11 AT Large;

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

X



Signature of Candidate

07/06/06

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

RECEIPT

Candidate:

PATRICIA GORDON DAVIS
 First Name Middle Name Last Name

Office: Community Council Area 11 / Subarea # A+LARGE

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: 7/6/04

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 MIAMI-DADE
 ELECTIONS

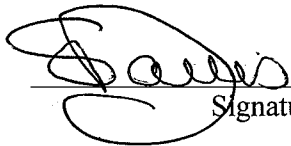


**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

I, PATRICIA GORDON DAVIS, candidate for the office of
CZAR II Atlanta, 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

7/6/06
Date

305/542.5478
Day time Phone #

shannendavis308@hotmail.com
E-mail address

MIAMI-DADE
ELECTIONS

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MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I, PATRICIA GORDON DAVIS
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, PATRICIA GORDON DAVIS
(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 # 11 Subarea # At Large
(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]
Signature of Candidate

MIAMI-DADE
ELECTIONS

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10026 SW 166 AVE
Current Address of Legal Residence

(305) 542-5478
Day Phone

(305) 388-6200
Fax Number

(305) 388-6200
Other Phone Number

shannendavis308@hotmail.com
Email Address

MIAMI
City

FL
State

33196
Zip Code

7/6/06
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 06 day of July, 2006 by PATRICIA GORDON-DAVIS

[Signature]
Signature of Notary Public - State of Florida

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

Personally known to me Identification provided

DR20-687-56-564-0

