

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

OFFICE USE ONLY

(PLEASE TYPE)

RECEIVED
2006 JUL 17 12:37
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: PEGGY BRODEUR
1. Address (include post office box or street, city, state, zip code): 5685 SW 85 St Miami 33143

Telephone (optional): 305-666-8067
2. Party (Partisan candidates only):
3. Office (add district, circuit or group number): Community Council 12 Sub 121

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

4. Name of Treasurer or Deputy Treasurer: Peggy Brodeur

5. Mailing Address (If post office box or drawer add street address): 5685 SW 85 St
6. Telephone: 305-666-8067

7. City: Miami 8. County: Dade 9. State: Fl 10. Zip Code: 33143

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

11. Name of Bank: Bank United
12. Street Address: 6075 Sunset Drive

13. City: S. Miami 14. County: Fl 15. State: Fla 16. Zip Code: 33143

17. Signature of Candidate: X Peggy Brodeur Date: 7/17/06

Campaign Treasurer's Acceptance of Appointment

I, Peggy Brodeur, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Peggy Brodeur
who is seeking nomination or election as a _____ candidate to the office of

CC # 12 Sub 121 (Party) 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.**

7/17/06 Date X Peggy Brodeur Signature of Campaign Treasurer or Deputy Treasurer

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ELECTIONS DEPARTMENT

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STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please Type)

I, Peggy Brodeur,

candidate for the office of Community Council 12 / Sub 121;

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

X Peggy Brodeur
Signature of Candidate

7/17/06
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:

PEGGY BRODEUR
 First Name Middle Name Last Name

Office: Community Council Area 12 / Subarea # 121

This is to acknowledge my receipt of the following documents:

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

Received by: Peggy Brodeur
 Candidate Signature

Date: July 17, 2006

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

I, PEGGY BRODEUR, Candidate for the Office of
COMMUNITY COUNCIL Area 121^{#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 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.

Peggy Brodeur
Signature of Candidate

July 14, 2006
Date

305-666-8067
Day time Phone #

peggybrodeur@yahoo.com
E-mail address

305-666-8067
Fax #

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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,

PEGGY		BRODEUR
-------	--	---------

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,

PEGGY BRODEUR

(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 # 12 Subarea # 721

(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 Brodeur

Signature of Candidate

5685 SW 85 St

Current Address of Legal Residence

(305) 666-8067 (305) 666-8067

Day Phone

Fax Number

()

Other Phone Number

peggybrodeur@yahoo.com

Email Address

Miami

City

FL

State

33143

Zip Code

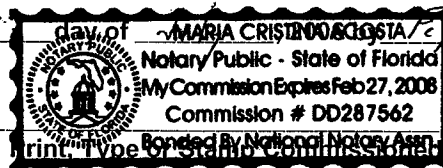
July 17, 2006

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 17



Signature of Notary Public - State of Florida

Personally known to me

Identification provided

