

**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

RECEIVED
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT
2006 JUL 17 PM 3:20

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: **EDWARD D. LEVINSON** 1. Address (include post office box or street, city, state, zip code):
**10475 S.W. 78th ST.
MIAMI, FL. 33173**

Telephone (optional): **305-598-2304** 2. Party (Partisan candidates only): 3. Office (add district, circuit or group number):
COMMUNITY COUNCIL 12/124

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

4. Name of Treasurer or Deputy Treasurer:
EDWARD D. LEVINSON

5. Mailing Address (If post office box or drawer add street address): **10475 S.W. 78th ST., MIAMI, FL. 33173** 6. Telephone: **305-598-2304**

7. City: **MIAMI** 8. County: **MIAMI-DADE** 9. State: **FL** 10. Zip Code: **33173**

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

11. Name of Bank: **BANK OF AMERICA** 12. Street Address: **6901 S.W. 117 AVE.**

13. City: **MIAMI** 14. County: **MIAMI-DADE** 15. State: **FL** 16. Zip Code: **33183**

17. Signature of Candidate: **X**  Date: **7/17/06**

Campaign Treasurer's Acceptance of Appointment

I, **EDWARD D. LEVINSON**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **EDWARD D. LEVINSON**

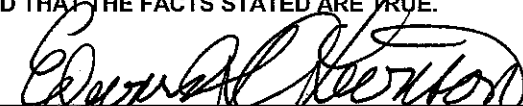
who is seeking nomination or election as a _____ candidate to the office of _____
(Party)

COMMUNITY COUNCIL 12/124 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 
Signature of Campaign Treasurer or Deputy Treasurer

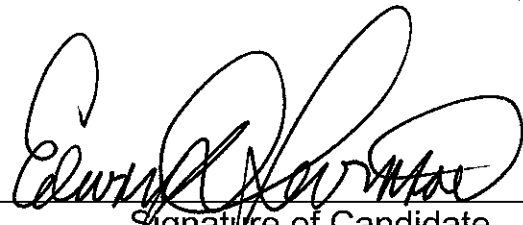
**STATEMENT OF
CANDIDATE**

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

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, EDWARD D. LEVINSON,
candidate for the office of COMMUNITY COUNCIL 12/124 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
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:

<u>EDWARD</u>	<u>DONALD</u>	<u>LEVINSON</u>
First Name	Middle Name	Last Name

Office: Community Council Area 12 / Subarea # 124

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: 7/17/06

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT



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

I, EDWARD D. LEVINSON, candidate for the office of COMM. COUNCIL 12/124, 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.

Edward D. Levinson
Signature of Candidate

7/12/06
Date

305-598-2304
Day time Phone #

edl@levinsontd.com
E-mail address

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,	<u>EDWARD</u>	<u>DONALD</u>	<u>LEVINSON</u>
	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, EDWARD D. LEVINSON
(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 # 124
(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 of Candidate

10475 S.W. 78th ST.

Current Address of Legal Residence

(305) 598-2304 (305) 779-7372

Day Phone

Fax Number

()

Other Phone Number

edl@levinsonlr.com

Email Address

MIAMI

City

FL

State

33173

Zip Code

7/17/06

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.

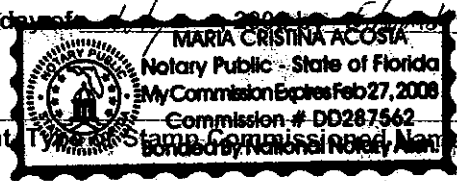
State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17th day of July, 2006, at St. Leon, FL, by Edward D. Levinson

Signature of Notary Public - State of Florida

Personally known to me

Identification provided



Print Name of Notary Public

