

**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 3:03

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate HOWARD V. GARY	1. Address (include post office box or street, city, state, zip code) 600 NE 36th STREET # 517 MIAMI FL 33137
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Telephone (optional)	2. Party (Partisan candidates only)	3. Office (add district, circuit or group number) M-D Commis. Dist # 3
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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
J. ANTHONY BEARD

5. Mailing Address (If post office box or drawer add street address) 600 NE 36th STREET	6. Telephone 30 786-281-0074
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7. City MIAMI	8. County MIAMI DADE	9. State FL	10. Zip Code 33137
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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 4770 BISCAYNE BLVD
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13. City MIAMI	14. County MIAMI-DADE	15. State FLORIDA	16. Zip Code 33137
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17. Signature of Candidate X 	Date July 17, 2006
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Campaign Treasurer's Acceptance of Appointment

I, **J. ANTHONY BEARD**, do hereby accept the appointment as
(Please Print or Type)


Campaign Treasurer Deputy Treasurer for the campaign of **HOWARD GARY**

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

M-D Comm. Dist # 3 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.**

July 17, 2006 ⁹⁰⁶ Date  Signature of Campaign Treasurer or Deputy Treasurer

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, Howard V. Gary,
candidate for the office of Commissioner Dist. 3 - Miami Dade County ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

07/17/2006

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).

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

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Howard Gary, candidate for the office of County Commission, District # 3, 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.

Howard Gary
Signature of Candidate

7/17/06
Date

786 281-0074
Day time Phone #

E-mail address

MIAMI-DADE COUNTY COMMISSIONER LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<i>Howard</i>	<i>V.</i>	<i>Gary</i>
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,

Howard Gary

(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 County Commissioner District # 3
(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 district for which I am qualifying for six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district 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.

RECEIVED
MIAMI-DADE
ELECTIONS
2006 JUL 18 AM 9:10

SIGN HERE

[Signature]

Signature of Candidate

600 NE 36 ST #517

Current Address of Legal Residence

(786) 281-0074

Day Phone

Fax Number

()

Other Phone Number

Email Address

Miami

City

FL

State

33137

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

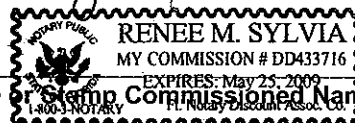
Sworn to (or affirmed) and subscribed before me this 17th day of July, 2006 by Renee Sylvia

Renee Sylvia

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me Identification provided



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898-5706

