

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 18 AM 10:28

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Lynne C. HYDE
1. Address (include post office box or street, city, state, zip code):
9011 N. BAYSHORE DR.
MIAMI, FL 33138

Telephone (optional): 305, 759-2202
2. Party (Partisan candidates only):
3. Office (add district, circuit, group number): COMMUNITY COUNCIL 7 SUBAREA 73

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

4. Name of Treasurer or Deputy Treasurer:
Lynne C. HYDE

5. Mailing Address (If post office box or drawer add street address):
9011 N. BAYSHORE DR.
6. Telephone: 305-759-2202

7. City: MIAMI 8. County: DADE 9. State: FL 10. Zip Code: 33138

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

11. Name of Bank: BANK OF AMERICA
12. Street Address: 9190 BISCAYNE BLVD

13. City: MIAMI 14. County: DADE 15. State: FL 16. Zip Code: 33138

17. Signature of Candidate: X Lynne C. Hyde Date: July 18-2006

Campaign Treasurer's Acceptance of Appointment

I, Lynne C. HYDE, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Lynne C. HYDE

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

COMMUNITY COUNCIL 7
SUB AREA 73 As a duly registered voter in 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 18, 2006 Date X Lynne C. Hyde Signature of Campaign Treasurer or Deputy Treasurer

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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, Lynne Hyde,

candidate for the office of Community Council 7 Sub Area 13;

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

X Lynne C. Hyde
Signature of Candidate

July 18, 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).



Miami-Dade Supervisor of Elections
2700 NW 87th Avenue
Miami, FL 33172

RECEIVED
2006 JUL 18 AM 10:28
(305) 499-8400

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

RECEIPT

Candidate:

Lynne Hyde Catherine HYDE
First Name Middle Name Last Name

Office: Community Council Area 7 / Subarea # 73

This is to acknowledge my receipt of the following documents:

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

Received by: Lynne C. Hyde
Candidate Signature

Date: July 17, 2006

RECEIVED

2006 JUL 18 AM 10:28

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



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

I, Lynne HYDE, candidate for the office of Community Council 7 Sub Area B, 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.

Lynne C. Hyde
Signature of Candidate

July 18, 2006
Date

305-759-2202
Day time Phone #

LYNHYDE@BellSouth.net
E-mail address

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

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2006 JUL 18 AM 10:28

(PLEASE PRINT)

I,

<u>Lynne</u> First Name	<u>C</u> Middle Name/Initial	<u>HYDE</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,

Lynne HYDE

(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 # 7 Subarea # B
(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

Lynne C. Hyde
Signature of Candidate

9011 N. Bayshore DR
Current Address of Legal Residence

305 759-2202 (305) 759-2202
Day Phone Fax Number

()
Other Phone Number

LynHyde@BellSouth.net
Email Address

MIAMI FL 33138
City State Zip Code

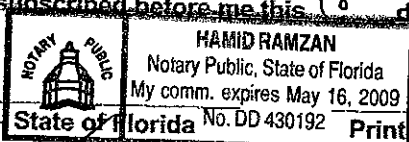
JULY 17, 2006
Date Signed

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 18 day of July, 2006 by Lynne Hyde

[Signature]
Signature of Notary Public



HAMID RAMZAN
Type or Stamp Commissioned Name of Notary Public

Personally known to me
 Identification provided

FL DL as ID.

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2006 JUL 18 AM 10:28
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. **5331883**

RECEIVED FROM Lynne C Hyde

DATE 7 18 106
 MONTH DAY YEAR

ADDRESS 9011 N Bayshore Drive
 STREET ADDRESS

CASH \$

Miami CITY FL STATE 33138 ZIP

CHECKS \$ 100.00

AMOUNT OF: One Hundred DOLLARS, AND NO CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Comm. Council 7/73

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

