

**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 10:54  
MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: LONNA COHEN      1. Address (include post office box or street, city, state, zip code):  
19304 NE 25 AVE MIAMI #201 FL 33180

Telephone (optional): 305 338-0423      2. Party (Partisan candidates only):      3. Office (add district, circuit, group number):  
COMMUNITY COUNCIL 2/22

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

4. Name of Treasurer or Deputy Treasurer:  
LONNA COHEN

5. Mailing Address (If post office box or drawer add street address): 19304 NE 25 AVE #201      6. Telephone: 305 338-0423

7. City: MIAMI      8. County: DADE      9. State: FL      10. Zip Code: 33180

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

11. Name of Bank: PENINSULA BANK      12. Street Address: 1802 NE MIAMI GARDENS DR.

13. City: NO MIAMI BCH      14. County: DADE      15. State: FL      16. Zip Code: 33180

17. Signature of Candidate: X Lonna Cohen      Date: 7/18/06

**Campaign Treasurer's Acceptance of Appointment**

I, LONNA COHEN, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of LONNA COHEN

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

Community Council 2/22 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.**

7/18/06  
Date

X Lonna Cohen  
Signature of Campaign Treasurer or Deputy Treasurer

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT  
OFFICE USE ONLY

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, LONNA COHEN,

candidate for the office of COMMUNITY COUNCIL 2 SUBAREA 22 ;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Lonna Cohen  
Signature of Candidate

7/15/06  
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).



RECEIVED

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MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT



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

I, LONNA COHEN, candidate for the office of Community Council 2, subarea 22, 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.

Lonna Cohen  
Signature of Candidate

7/15/06  
Date

305 944 5088  
Day time Phone #

1000\_mia@comcast.net  
E-mail address

# MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<u>LONNA</u> First Name	<u>—</u> Middle Name/Initial	<u>COHEN</u> 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,

LONNA COHEN

(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 # 2 Subarea # 22  
(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**

Lonna Cohen  
Signature of Candidate

RECEIVED  
2006 JUL 18 AM 10:00  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

19304 NE 25 AVE #201, MIAMI 33180 (305) 944-5088 (305) 944-5099  
Current Address of Legal Residence FL.      Day Phone      Fax Number

(305) 338-0423      1000\_mia@comcast.net  
Other Phone Number      Email Address

Miami      FL      33180      7/15/06  
City      State      Zip Code      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.

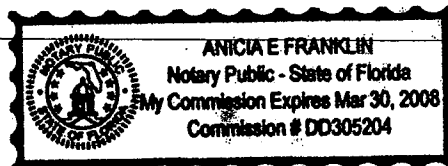
State of Florida, County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of JULY, 2006 by Lonna Cohen

Anicia Franklin  
Signature of Notary Public – State of Florida

Anicia E. Franklin  
Print, Type or Stamp Commissioned Name of Notary Public

- Personally known to me       Identification provided



**OFFICIAL RECEIPT**  
**MIAMI-DADE COUNTY-FLORIDA**

No. 5331884

RECEIVED FROM LOONNA COTTEN

DATE 07, 18, 06  
MONTH DAY YEAR

ADDRESS 19304 NE 25TH AVE #201  
STREET ADDRESS  
MIAMI FL 33180  
CITY STATE ZIP

CASH \$ \_\_\_\_\_  
 CHECKS \$ 100 . 00

AMOUNT OF: ONE HUNDRED DOLLARS, AND 00 CENTS TOTAL \$ 100 . 00

FOR PAYMENT OF: QUALIFYING FEE FOR COMMUNITY COUNCIL 2/22

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.  
 DEPT.: ELECTIONS BY: MARITA L. MARTINEZ

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

