

**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

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2006 JUL 18 PM 3:43

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate
MARILYN SMITH

1. Address (include post office box or street, city, state, zip code)
10935 S. W. 155 TERR. - MIAMI, FL 33157

Telephone (optional)
(305) 253-7443

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)
COMMUNITY COUCIL- 14 / 141

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

4. Name of Treasurer or Deputy Treasurer
MARILYN SMITH

5. Mailing Address (If post office box or drawer add street address)
10935 S. W. 155 TERR. - MIAMI, FL 33157

6. Telephone
(305) 253-7443

7. City
MIAMI

8. County
DADE

9. State
FL

10. Zip Code
33157

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

11. Name of Bank
SUN TRUST - 10000 49313587

12. Street Address
10690 NW 12th Street

13. City
MIAMI

14. County
DADE

15. State
FL

16. Zip Code
33122

17. Signature of Candidate
X Marilyn Smith

Date
18 July 06

Campaign Treasurer's Acceptance of Appointment

I, **MARILYN SMITH**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **MARILYN SMITH**

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

COMMUNITY COUNCIL - 14 / 141 . 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.**

18 July 06
Date

X Marilyn Smith
Signature of Campaign Treasurer or Deputy Treasurer

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STATEMENT OF CANDIDATE

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

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, MARILYN SMITH,

candidate for the office of COMMUNITY COUNCIL - 14 / 14^{ms}1;

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

X

Marilyn Smith
Signature of Candidate

18 July 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

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MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

RECEIPT

Candidate:

Marilyn Smith

First Name

Middle Name

Last Name

Office: Community Council Area 14 / Subarea # 151^{ms}

This is to acknowledge my receipt of the following documents:

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

Received by:

Marilyn Smith

Candidate Signature

Date:

18 July 2006

RECEIVED

2006 JUL 18 PM 3:43

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



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

I, Marilyn Smith candidate for the office of
cc 14/15/06, 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.

Marilyn Smith
Signature of Candidate

18 July 06
Date

305-253-7443
Day time Phone #

mimi7100@bellsouth.net
E-mail address

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

RECEIVED
(PLEASE PRINT)

I,

<i>Marilyn</i> First Name	2006 JUL 18 PM 3:43 Middle Name/Initial	<i>SMITH</i> 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,

Marilyn Smith

(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 #14 Subarea #14
(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

Marilyn Smith
Signature of Candidate

10935 SW 155th Ter
Current Address of Legal Residence

(305) 253-7443
Day Phone

Fax Number

(305) 781-1526
Other Phone Number

mimi+100@bellsouth.net
Email Address

Miami
City

FL
State

33157
Zip Code

18 July 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 *18* day of *July*, 2006 by *2006*

Alicia
Signature of Notary Public



Alicia Rivero
My Commission DD282420
Expires January 20, 2008

Signature of Notary Public -- State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Personally known to me

Identification provided

