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2007 MAY 24 AM 11:32

MIAMI-DADE ELECTIONS

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR  
CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE TYPE)

**CHECK APPROPRIATE BOX:**

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate <i>Audrey M. Edmonson</i>		1. Address (include post office box or street, city, state, zip code) <i>295 NE 88 Street El Portal, Fl. 33138</i>	
Telephone (optional) <i>305-582-1980</i>	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) <i>Miami Dade County Comm. Dist. 3</i>	
I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer			
4. Name of Treasurer or Deputy Treasurer <i>DARRYL K. SHARPTON</i>			
5. Mailing Address (if post office box or drawer add street address) <i>1 SE 3RD AVENUE SUITE 2100</i>		6. Telephone <i>305.374.1574</i>	
7. City <i>miami</i>	8. County <i>miami Dade</i>	9. State <i>FL.</i>	10. Zip Code <i>33131</i>
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
11. Name of Bank <i>Wachovia</i>		12. Street Address <i>FL 6665 9301 NW 7th Ave.</i>	
13. City <i>Miami</i>	14. County <i>Miami Dade</i>	15. State <i>FL</i>	16. Zip Code <i>33158</i>
17. Signature of Candidate <i>X Audrey M. Edmonson</i>		Date <i>5/22/07</i>	

**Campaign Treasurer's Acceptance of Appointment**

I, *DARRYL K. SHARPTON*, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of *AUDREY M. Edmonson*  
who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of  
*Miami Dade County* (Party)  
*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.**

*5.22.07* Date    *[Signature]* Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 02/06)

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**STATEMENT OF CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI-DADE  
ELECTIONS

I, Audrey M. Edmonson,  
candidate for the office of Miami Dade County Commission, Dist. 3

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

X Audrey M. Edmonson  
Signature of Candidate

5/22/07  
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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Miami-Dade Supervisor of Elections  
 2700 NW 87<sup>th</sup> Avenue  
 Miami, FL 33172 (305) 499-8400

**RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK**

**Candidate:**

Audrey                      Moss                      Edmonson  
 First Name                      Middle Name                      Last Name

**Office:** Miami Dade County Commission, District 3

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 ELECTIONS DEPARTMENT

This is to acknowledge my receipt of the following documents:

**The Election Laws of the State of Florida as of September 2007**

- Hard Copy**
- Downloaded from Internet**

**2008 Miami-Dade County Qualifying Handbook**

- Hard Copy**
- Downloaded from Internet**

**Received by:** Audrey Edmonson  
 Candidate Signature

**Date:** 6/13/08

**Phone No.:** 305-582-1980      **Fax No.:** 305-754-0087

**E-mail address:** amedmonson@yahoo.com



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

I, Audrey M. Edmonson, candidate for the office of MDC Commission, Dist. 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 electronically simultaneously with and in addition to the original signed report, I further declare that:

I will use the software provided by the Supervisor of Elections.

Audrey M. Edmonson  
Signature of Candidate

6/13/08  
Date

Day Time Phone No.: 305-582-1980

E-mail address: amedmonson@yahoo.com

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ELECTIONS DEPARTMENT



OFFICIAL RECEIPT  
MIAMI-DADE COUNTY-FLORIDA

No. 5331958

RECEIVED FROM Audrey Moss Edmonson  
ADDRESS 1 SE 3rd Ave. - 21st fl.  
Miami CITY FL STATE 33131 ZIP

DATE 6, 13, 08  
MONTH DAY YEAR  
CASH \$ \_\_\_\_\_  
CHECKS \$ 360.00  
TOTAL \$ 360.00

AMOUNT OF: Three hundred sixty DOLLARS, AND 00 CENTS

FOR PAYMENT OF: Qualifying Fee - County Comm. #3

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

DEPT.: Elections BY: Arena D. Suter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

AUDREY MOSS EDMONSON  
CAMPAIGN ACCOUNT  
1 South East 3rd Ave.  
21st Floor  
Miami, FL 33131

1006  
68-643/670  
BRANCH 00685

Date June 13, 2008

Pay to the Order of Board of County Commissioners \$ 360.00  
three hundred sixty & no/100 Dollars



For Qualifying Fee / HDC Dist. 3

Audrey Moss Edmonson

BLUE MARBLE 9910

Security Features Details on Back

# MIAMI-DADE COUNTY LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

<i>Audrey</i> First Name	<i>M,</i> Middle Name/Initial	<i>Edmonson</i> 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,

*Audrey M. Edmonson*

(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 Commission, 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.

**SIGN HERE**

*Audrey M. Edmonson*  
Signature of Candidate

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MIAMI-DADE COUNTY  
ELECTION DEPARTMENT

*295 NE 88 Street*  
Current Address of Legal Residence

*(305) 582-1980 (305) 754-0087*  
Day Phone      Fax Number

*305 754-7059*  
Other Phone Number

*amedmonson@yahoo.com*  
Email Address

*El Portal*      *Fl.*      *33138*  
City      State      Zip Code

*6/13/08*  
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 *13<sup>th</sup>* day of *June*, 20*08* by *Audrey Edmonson*

*[Signature]*  
Signature of Notary Public – State of Florida



**Maria Cristina Acosta**  
Commission # DD730644  
Expires: FEB. 27, 2012

BONDED BY ATLANTIC BONDING CO., INC.

Print, Type or Stamp Commissioned Name of Notary Public

- Personally known to me       Identification provided