

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

(PLEASE TYPE)

RECEIVED  
 OFFICE USE ONLY  
 08 FEB -1 PM 2:01  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: Helen B. Williams  
 1. Address (include post office box or street, city, state, zip code):  
9801 N. W. 25th Avenue  
Miami, FL 33147

Telephone (optional): (786) 587-9904  
 2. Party (Partisan candidates only): \_\_\_\_\_  
 3. Office (add district, circuit, group number): Mayor

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

4. Name of Treasurer or Deputy Treasurer:  
Helen B. Williams

5. Mailing Address (If post office box or drawer add street address):  
9801 N. W. 25th Avenue  
 6. Telephone: 786-587-9904

7. City: Miami    8. County: Dade    9. State: Florida    10. Zip Code: 33147

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

11. Name of Bank: Washington Mutual  
 12. Street Address: 5800 N. W. 7th Ave

13. City: Miami    14. County: Dade    15. State: FL    16. Zip Code: 33127

17. Signature of Candidate: X Helen B. Williams    Date: Feb 1, 2008

**Campaign Treasurer's Acceptance of Appointment**

I, Helen B. Williams, do hereby accept the appointment as  
 (Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Helen B. Williams

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

Mayor 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.

Feb 1, 2008 Date    X Helen B. Williams 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, Helen B. Williams,  
candidate for the office of Mayor of Miami Dade County  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

x Helen B. Williams  
Signature of Candidate

Feb 1 2008  
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).





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

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2008 MAY 27 AM 11:54  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Helen B. Williams, candidate for the office of Mayor, 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.

Helen B. Williams  
Signature of Candidate

May 27, 2008  
Date

Day Time Phone No.: 786-589-9904

E-mail address: Helenformayor@hotmail.com

# LOYALTY OATH FOR MIAMI-DADE COUNTY MAYOR

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, Helen B. Williams  
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, Helen B. Williams  
(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 Mayor

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 Miami-Dade County, and a resident of Miami-Dade County for at least three (3) years 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.**

x Helen B. Williams      786-587-9904      HelenforMayor@hotmail.com  
Signature of Candidate      Daytime Telephone Number      Email Address

9801 W.W. 25<sup>th</sup> Ave Miami      Florida      33147  
Address      City      State      Zip Code

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 12<sup>th</sup> day of June, 2008 by Helen B. Williams

Personally Known: \_\_\_\_\_ or  
 Produced Identification: ✓

Type of Identification Produced:

FL DRIVERS LIC.

[Signature]  
 \_\_\_\_\_

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

PUBLIC STATE OF FLORIDA

Maria Cristina Acosta

Commission # DD730644

Expires: FEB. 27, 2012

THE BONDING CO., INC.

