

**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
RECEIVED**

08 MAY -8 PM 2:45

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate Robert "Bob" Wilcosky	1. Address (include post office box or street, city, state, zip code) 12500 SW 87th Place Miami, FL 33176-5210
---	--

Telephone (optional) ()	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) Community Council 12/126
-----------------------------	-------------------------------------	--

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

4. Name of Treasurer or Deputy Treasurer
Robert "Bob" Wilcosky

5. Mailing Address (If post office box or drawer add street address) 12500 SW 87th Place	6. Telephone (305) 237-4014
--	---------------------------------------

7. City Miami	8. County Miami Dade	9. State FL	10. Zip Code 33176-5210
-------------------------	--------------------------------	-----------------------	-----------------------------------

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

11. Name of Bank Coconut Grove Bank	12. Street Address 14695 S. Dixie Highway		
13. City Miami	14. County Miami-Dade	15. State FL	16. Zip Code 33176

17. Signature of Candidate X Robert Woody Wilcosky	Date 05-08-2008
--	---------------------------

Campaign Treasurer's Acceptance of Appointment

I, Robert "Bob" Wilcosky, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Robert "Bob" Wilcosky

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

Community Council 12/126

**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.**

05/08/2008
Date

X Robert Woody Wilcosky
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

RECEIVED

08 MAY -8 PM 2:45

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Robert "Bob" Wilcosky,
candidate for the office of Community Council 12/26;

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

X Robert Wooding Wilcosky
Signature of Candidate

05-08-2008
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).



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

(305) 499-8400

RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

Robert Wooding Wilcosky
 First Name Middle Name Last Name

Office: Community Council 12/126

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 form Internet**

RECEIVED
 2008 JUN 11 AM 9:29
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

Received by: Robert Wooding Wilcosky
 Candidate Signature

Date: 06-11-2008

Phone No.: (305) 237-4014 **Fax No.:** _____

E-mail address: Bob.Wilcosky@MDC.Edu



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

I, Robert Wooding Wilcosky, candidate for the office of Community Council 12/126, 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.

Robert Wooding Wilcosky
Signature of Candidate

06-11-2008
Date

Day Time Phone No.: (305) 237-4014

E-mail address: Bob.Wilcosky@MDC-Edy.

RECEIVED
2008 JUN 11 AM 9:29
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	Robert	Wooding	Wilcosky
	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, Robert "Bob" Wilcosky
(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: **Community Council Member Area** 12 **Subarea** 126

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

- I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- I have been a resident elector of the Council Area 12 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 126 for at least three (3) 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.

X <u>Robert Wooding Wilcosky</u>	<u>(305)237-4014</u>	<u>Bob.Wilcosky@OMDC-Edy</u>
Signature of Candidate	Daytime Telephone Number	Email Address
<u>12500 SW 87 PL</u>	<u>Miami</u>	<u>FL 33176-5210</u>
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 11th day of June, 2008 by Robert Wilcosky

Personally Known: or
 Produced Identification: ✓

Type of Identification Produced:
FL DRIVERS LICENSE

[Signature]

Signature of Notary Public - State of Florida
 Print, Type or Stamp Commissioned Name of Notary Public: **Maria Cristina Acosta**
 Commission # **DD730644**
 Expires: **FEB. 27, 2012**
 BONDED THRU ATLANTIC BONDING CO., INC.

RECEIVED
 2008 JUN 11 AM 9:29
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT