

**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
2008 JUN 10 PM 2:55
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate Don Kearns	1. Address (include post office box or street, city, state, zip code) 10245 SW 154 Place #102 Miami, FL 33196
-------------------------------------	---

Telephone (optional) (786) 553-0795	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) Community Council 11/114
--	-------------------------------------	---

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

4. Name of Treasurer or Deputy Treasurer
Ivonn Santana Kearns

5. Mailing Address (If post office box or drawer add street address) 10245 SW 154 Place #102 Miami, FL 33196	6. Telephone 305.721.8424
---	------------------------------

7. City Miami	8. County Miami-Dade	9. State FL	10. Zip Code 33196
------------------	-------------------------	----------------	-----------------------

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

11. Name of Bank Bank of America	12. Street Address 10315 Hammocks Blvd		
13. City Miami	14. County Miami-Dade	15. State FL	16. Zip Code 33196

17. Signature of Candidate 	Date June 10, 2008
---	-----------------------

Campaign Treasurer's Acceptance of Appointment

I, Ivonn Santana-Kearns, do hereby accept the appointment as
(Please Print or Type)


Campaign Treasurer Deputy Treasurer for the campaign of Don Kearns

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

Community Council 11 sub-area 114

**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.**

June 10, 2008
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

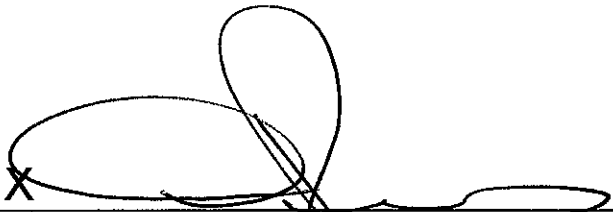
OFFICE USE ONLY

RECEIVED
2008 JUN 10 PM 2:31
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Don Kearns,

candidate for the office of Community Council 11/sub-area 114;

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



Signature of Candidate

June 10, 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:

DONALD PAUL KEARNS
 First Name Middle Name Last Name


Office: Community Council 11 / 114

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
 08 JUN 13 PM 4: 11
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

Received by: 
 Candidate Signature

Date: 6/12/2008

Phone No.: 786-553-0795 Fax No.: _____

E-mail address: dkearNS@att.net



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

I, DON KEARNS, candidate for the office of Community Council 11/114, 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.



Signature of Candidate

6/12/2008

Date

Day Time Phone No.: 786-553-0795

E-mail address: dkearns@att.net

RECEIVED
2008 JUN 13 PM 4: 11
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

RECEIVED
2008 JUN 10 PM 2:44
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

STATE OF FLORIDA Miami-Dade County

I, DONALD D. KEARNS
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, DON KEARNS
(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 11 Subarea 114**

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 11 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 114 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.

[Signature] 786-553-0795 dkearns@att.net
Signature of Candidate Daytime Telephone Number Email Address

10245 SW 154 PL #102 MIAMI, FL 33176
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 10th day of June, 2008 by Donald Kearns.

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: **María Cristina Acosta**
 Commission # **DD730644**
 Expires: **FEB 7, 2012**
 BONDED THRU ATLANTIC BONDING CO., INC.



OFFICIAL RECEIPT

No. 5331960

MIAMI-DADE COUNTY-FLORIDA

RECEIVED FROM Don Kearns DATE 6, 13, 08
MONTH DAY YEAR

ADDRESS 10245 SW 154 Pl. #102 CASH \$ _____
STREET ADDRESS
Miami CITY FL STATE 33196 ZIP CHECKS \$ 100.00

AMOUNT OF: One hundred DOLLARS, AND 00 CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Com. Council 11/114

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Elections By: Nera G. Sauter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Don KEARNS CAMPAIGN
10245 SW 154 PL #102
MIAMI FL 33196

DATE 6/12/2008

PAY TO THE ORDER OF BOARD of County Commissioners \$ 100.00

One Hundred DOLLARS

Bank of America

FOR Qualifying Fee For Com. Council 11/114

0991
03-4/630 FL
1223