

**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: 09
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate David Nelson	1. Address (include post office box or street, city, state, zip code) 11885 SW 26 terrace Miami, FL 33175
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Telephone (optional) ()	2. Party (Partisan candidates only) Democrat	3. Office (add district, circuit, group number) Clerk of the Circuit Court
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
David Nelson

5. Mailing Address (If post office box or drawer add street address) 11885 SW 26 terrace	6. Telephone 305-229-2810
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7. City Miami	8. County Miami-Dade	9. State FL	10. Zip Code 33175
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Regions	12. Street Address 8600 SW 107 ave
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13. City Miami	14. County Miami-Dade	15. State FL	16. Zip Code 33176
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17. Signature of Candidate X 	Date June 10, 2008
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Campaign Treasurer's Acceptance of Appointment

I, David Nelson, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of David Nelson

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

Clerk of the Circuit Court

**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

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

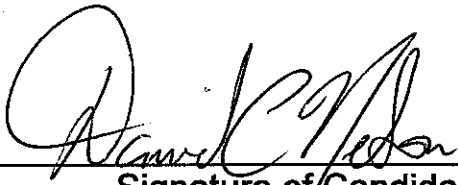
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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, David Nelson
candidate for the office of Clerk of the Circuit Court

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

X



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:

David Carl Nelson
 First Name Middle Name Last Name

Office: Clerk of the Circuit Court

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 10 PM 2:19
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

Received by: *David Nelson*
 Candidate Signature

Date: June-10-08

Phone No.: _____ Fax No.: _____

E-mail address: _____

<p>LOYALTY OATH CANDIDATES WITH PARTY AFFILIATION <small>(Sections 876.05-876.10, Florida Statutes)</small></p> <p>STATE OF FLORIDA <u> Miami-Dade </u> COUNTY</p>	<p>OFFICE USE ONLY</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2008 JUN 10 PM 2:19 MIAMI DADE COUNTY ELECTIONS DEPARTMENT </p>															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">I, <u> David </u></td> <td style="width:33%; text-align: center;"><u> C. </u></td> <td style="width:33%; text-align: center;"><u> Nelson </u></td> </tr> <tr> <td style="text-align: center;"><small>First Name</small></td> <td style="text-align: center;"><small>Middle Name/Initial</small></td> <td style="text-align: center;"><small>Last Name</small></td> </tr> </table>		I, <u> David </u>	<u> C. </u>	<u> Nelson </u>	<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>									
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<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>														
<p>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.</p>																
<p>OATH OF CANDIDATE <small>(Section 99.021, Florida Statutes)</small></p>																
<p>I, <u> David Nelson </u> <small>(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)</small></p> <p>am a candidate for the office of <u> Clerk of the Circuit Court </u>, <u> </u>, <u> </u>, <small>(office) (district) (circuit)</small></p> <p><u> Miami-Dade </u> County, Florida. I am qualified <small>(group)</small></p> <p>under the Constitution and the Laws of Florida 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.</p>																
<p>STATEMENT OF PARTY <small>(Section 99.021, Florida Statutes)</small></p>																
<p>I am a member of the <u> Democrat </u> party. I am not a registered member of any other political party and have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify. I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.</p>																
<p>X <u> David Nelson </u> ()</p>																
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<p>Sworn to (or affirmed) and subscribed before me this <u> 10th </u> day of <u> June </u>, 200<u> 8 </u>.</p>																
<p>Personally Known: _____ or</p> <p>Produced Identification: <u> / </u></p> <p>Type of Identification Produced: <u> FL DRIVERS Lic </u></p>																
<p><u> Maria Cristina Acosta </u> Signature of Notary Public – State of Florida</p> <p>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.</p> <p>STATE OF FLORIDA Maria Cristina Acosta Commission #DD730644 Expires: FEB. 27, 2012 ATLANTIC BONDING CO., INC.</p>																

