

**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 12 PM 6:17
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: DAVID A. RICKS 1. Address (include post office box or street, city, state, zip code)
12523 SW 107 CT
MIAMI, FL 33176

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

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

4. Name of Treasurer or Deputy Treasurer
DAVID A. RICKS

5. Mailing Address (If post office box or drawer add street address) 6. Telephone
12523 SW 107 CT MIAMI, FL 33176 305-297-3019

7. City 8. County 9. State 10. Zip Code
MIAMI MIAMI-DADE FLORIDA 33176

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

11. Name of Bank 12. Street Address
BANK OF AMERICA 13575 S. DIXIE HWY

13. City 14. County 15. State 16. Zip Code
MIAMI MIAMI-DADE FLORIDA 33156

17. Signature of Candidate Date
[Signature] 6/12/08

Campaign Treasurer's Acceptance of Appointment

I, DAVID A. RICKS, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of DAVID A. RICKS

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

COMMUNITY COUNCIL 126 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.**

6/12/08
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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I, DAVID A. RICKS

candidate for the office of COMMUNITY COUNCIL 12/126 ;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X 

Signature of Candidate

6/12/08

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 ANTHONY RICKS
 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

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 ELECTIONS DEPARTMENT

Received by: [Signature]
 Candidate Signature

Date: 6/12/08

Phone No.: 305-297-3019 **Fax No.:** 305-255-2879

E-mail address: RICKSDA498@RELLSOUTH.NET



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

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ELECTIONS DEPARTMENT

I, DAVID A. RICKS, 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.

[Signature]
Signature of Candidate

6/12/08
Date

Day Time Phone No.: 305-297-3019

E-mail address: RICKSDA_498@BELLSOUTH.NET

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, <u>DAVID</u>	<u>A</u>	<u>RICKS</u>
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, DAVID A. RICKS
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING PERIOD)
 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 [Signature] 305-297-3019 RICKSDA 498@BELLSOUTH.NET

Signature of Candidate Daytime Telephone Number Email Address

12523 SW 107 CT 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 12th day of June, 2008 by David A. Ricks.

Personally Known: _____ or
 Produced Identification:

Type of Identification Produced:
FL DRIVERS Lic.

[Signature]
 Signature of Notary Public
 NOTARY PUBLIC STATE OF FLORIDA
 Print, Type or Stamp Name of Notary Public
Maria Cristina Acosta
 Commission # DD730644
 Expires: FEB. 27, 2012
 BONDED THRU ATLANTIC BONDING CO., INC.