

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 13 PM 3:58
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

- Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: **Joseph E. DELANEY**
 1. Address (include post office box or street, city, state, zip code): **15433 S.W 80ST #202 33193**

Telephone (optional): **(305) 382-7171**
 2. Party (Partisan candidates only):
 3. Office (add district, circuit, group number): **AREA II COMMUNITY COUNCIL SA 114**

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

4. Name of Treasurer or Deputy Treasurer: **Joseph E. DELANEY**

5. Mailing Address (If post office box or drawer add street address): **15433 S.W 80ST #202**
 6. Telephone: **786-277-5140**

7. City: **MIAMI** 8. County: **DADE** 9. State: **FLORIDA** 10. Zip Code: **33193**

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

11. Name of Bank: **WASHINGTON MUTUAL BANK** 12. Street Address: **8700 S.W 72ST**

13. City: **MIAMI** 14. County: **DADE** 15. State: **FLORIDA** 16. Zip Code: **33193**

17. Signature of Candidate: **X Joseph E. Delaney** Date: **6-13-07**

Campaign Treasurer's Acceptance of Appointment

I, **JOSEPH E DELANEY**, do hereby accept the appointment as
 (Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **JOSEPH E DELANEY**

who is seeking nomination or election as a _____ candidate to the office of
 _____ (Party)
COMMUNITY COUNCIL AREA II 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.

6-13-08 **X Joseph E Delaney**
 Date Signature of Campaign Treasurer or Deputy Treasurer

AREA II
 SUB AREA 114

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

2008 JUN 16 AM 10:18
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

RECEIVED

I, Joseph E DELANEY

candidate for the office of COMMUNITY COUNCIL / SUB AREA 114

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

Florida Statutes.

X Joseph E Delaney
Signature of Candidate

6-16-08
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:

Joseph EVERSLEY DeLANCY
 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
 2008 JUN 16 AM 10:11
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

Received by: Joseph E Delancy
 Candidate Signature

Date: 6-16-08

Phone No.: 786-277-5140 Fax No.: 305-252-7204

E-mail address: Josephjoedel@Bellsouth.NET



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

11-114

I, Joseph E DELANEY, candidate for the office of COMMUNITY COUNCIL, 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.

Joseph E Delaney
Signature of Candidate

6-16-08
Date

Day Time Phone No.: 786 - 277 - 5140

E-mail address: JosephjoeDel@BellSouth.NET

RECEIVED
2008 JUN 16 AM 10:11
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, Joseph E DELANEY
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, JOSEPH E DELANEY
(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.

X Joseph E Delaney 786-277-5140
Signature of Candidate Daytime Telephone Number Email Address

15433 S.W 80ST Apt 202 MIAMI FLORIDA 33193
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 16 day of 6, 2008 by Joseph Delaney.

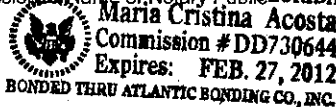
Personally Known: _____ or
Produced Identification: 1

Type of Identification Produced:

FL Drivers Lic

Maria Cristina Acosta
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public





OFFICIAL RECEIPT
 MIAMI-DADE COUNTY-FLORIDA

No. 5331984

RECEIVED FROM Joseph E. Delaney DATE 6/16/08
MONTH DAY YEAR

ADDRESS 15433 SW 80 St. #202 CASH \$
STREET ADDRESS

Miami CITY FL 33193 CHECKS \$ 100.00
STATE ZIP

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

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

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMEN
 DEPT.: Electrons By: Nana A. Sarter

FOR OFFICE USE ONLY

TRANS		SUBSIDIARY					INDEX CODE				SUBJECT			AMOUNT		

107.01-1 6/04

Campaign Account

Joseph E. DELANEY 63-8413/2670

Date 6-16-08

BOARD OF COUNTY COMMISSIONERS \$ 100

one hundred dollars Dollars

Washington Mutual
Washington Mutual Bank, FA
 Miami Sunset Financial Center 1735
 6755 N. West Drive
 Miami, FL 33157
 800.887.7344
 305.766.2100 Customer Service

Qualifying Fee cc 11-114

CAMPAIGN ACCOUNT *Joseph E Delaney*