

**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

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 MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment     
  Deputy Treasurer     
  Reappointment of Treasurer

Name of Candidate <b>PATRICIA A. FORBES</b>	1. Address (include post office box or street, city, state, zip code) <b>25121 S. W. 120 PL. -PRINCETON, FL 33032</b>
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Telephone (optional) ( 305 ) 258-2587	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) <b>COMMUNITY COUNCIL #15 - 152</b>
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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  
**PATRICIA A. FORBES**

5. Mailing Address (If post office box or drawer add street address) <b>25121 S. W. 120 PL.</b>	6. Telephone <b>(305) 258-2587</b>
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7. City <b>PRINCETON</b>	8. County <b>MIAMI-DADE</b>	9. State <b>FL</b>	10. Zip Code <b>33032</b>
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I have designated the following named bank as my  Primary Depository       Secondary Depository

11. Name of Bank <i>FIRST Nat'l.</i> <b>BANK OF AMERICA S. FLA. #6051-428-1180</b>	12. Street Address <b>1180 S. DIXIE HWY.</b>
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13. City <b>MIAMI</b>	14. County <b>MIAMI-DADE</b>	15. State <b>FL</b>	16. Zip Code <b>33157</b>
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17. Signature of Candidate <b>X</b> <i>Pat Forbes</i>	Date <b>6/16/2008</b>
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**Campaign Treasurer's Acceptance of Appointment**

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

Campaign Treasurer       Deputy Treasurer      for the campaign of PATRICIA A. FORBES

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

COMMUNITY COUNCIL #15 - 152

**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.**

6/16/2008

Date

**X** *Pat Forbes*

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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I, PATRICIA A. FORBES  
candidate for the office of COMMUNITY COUNCIL -15 / SUBAREA 15A

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

X   
Signature of Candidate

6/16/2008  
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 87<sup>th</sup> Avenue  
 Miami, FL 33172 (305) 499-8400

**RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK**

**Candidate:**

PATRICIA                      A.                      FORBES  
 First Name                      Middle Name                      Last Name

**Office:** Community Council #15 - SUBAREA 152

This is to acknowledge my receipt of the following documents:

- The Election Laws of the State of Florida August 2006
- 2006 Candidate and Campaign Treasurer Handbook
- 2008 Miami-Dade County Qualifying Handbook

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**Received by:** [Signature]  
 Candidate Signature

**Date:** 6/16/2008

Phone No.: (305) 258-2587      Fax No.: (305) 258-6327

**E-mail address:** ccforPAT@bellsouth.net



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

I, PATRICIA A. FORBES, candidate for the office of Community Council - 15/152, 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

6/16/2008  
Date

Day Time Phone No.: (305) 258-2587

E-mail address: CCFORPAT@BELLSONTH.NET

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# LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	PATRICIA	A.	FORBES
	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, PATRICIA A. FORBES

(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 15 Subarea 152**

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 99.042, 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 15 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 152 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.**

	(305) 258-2587	cforbate@bellsouth.net
Signature of Candidate	Daytime Telephone Number	Email Address

25121 SW 120 PL	PRINCETON, FL	33032
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 PATRICIA FORBES.

Personally Known: \_\_\_\_\_ or  
Produced Identification: X

Type of Identification Produced:

FLORIDA DRIVERS LICENSE

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



Notary Public State of Florida  
Odalys Garcia Estepe  
My Commission DD414508  
Expires 05/23/2009

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