

**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

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

2008 JUN 16 PM 12:30

RECEIVED

CHECK APPROPRIATE BOX:

- Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: LINDA Faye Stephens 1. Address (include post office box or street, city, state, zip code)
1070 NE AIA TERRACE
Miami, Fla. 33179-1309

Telephone (optional): 305 609-4250 2. Party (Partisan candidates only): _____ 3. Office (add district, circuit, group number) Dist
County Commissioner 1

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

4. Name of Treasurer or Deputy Treasurer
LINDA Stephens

5. Mailing Address (If post office box or drawer add street address)
1070 NE AIA TERRACE 6. Telephone 305 609-4250
(305) 653-9310

7. City: Miami 8. County: Miami Dade 9. State: Florida 10. Zip Code: 33179-1309

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

11. Name of Bank: Wachovia Bank 12. Street Address: 1700 NW 87th Ave

13. City: Miami 14. County: Miami-Dade 15. State: Florida 16. Zip Code: 33172

17. Signature of Candidate: X Linda Stephens Date: 6/16/08

Campaign Treasurer's Acceptance of Appointment

I, LINDA Stephens, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of LINDA Stephens

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

County Commissioner District A (Party)

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.

6/16/08
Date

X Linda Stephens
Signature of Campaign Treasurer or Deputy Treasurer



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331974

RECEIVED FROM Linda Stephens DATE 6, 16, 08
ADDRESS 1070 NE 212th Terrace MONTH DAY YEAR
Miami STREET ADDRESS FL 33179 CITY STATE ZIP
AMOUNT OF: Three hundred sixty DOLLARS, AND 00 CENTS

CASH \$
CHECKS \$ 360.00
TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying Fee - County Comm. #1
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT
DEPT.: Elections BY: Anna G. Antea

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

WACHOVIA OFFICIAL CHECK

64-7002 2811

1600464268

06/16/2008

0009612

WACHOVIA

Pay To The BOARD OF COUNTY COMMISSION

Order Of \$ 360.00

*THREE HUNDRED SIXTY DOLLARS AND 00 CENTS

Wachovia Bank, National Association

LINDA STEPHENS CAMPAIGN

Remitter: FILING FEE COUNTY COMMISSION #1

Authorized Signature

Dollars

Security Features. Details on Back

581495 (100) (p. 9)

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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2008 JUN 16 PM 3: 25

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, LINDA Stephens,
candidate for the office of County Commissioner Dist 1 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Linda Stephens
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:

Linda Faye Stephens
 First Name Middle Name Last Name

Office: County Commissioner District 1

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 by: [Signature]
 Candidate Signature

Date: 6/16/08

Phone No.: (305)609-4250 Fax No.: (305)653-9310

E-mail address: Punkiepye@aol.com



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

I, LINDA STEPHENS, candidate for the office of County Commissioner Dist 4 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.

Linda Stephens
Signature of Candidate

6/16/08
Date

Day Time Phone No.: (305) 609-4250

E-mail address: Punkiepye@aol.com

RECEIVED
2008 JUN 16 PM 3:25
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

MIAMI-DADE COUNTY LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

(PLEASE PRINT)

I,

LINDA	F.	Stephens
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, LINDA Stephens
(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 Miami-Dade County District 1-Commissioner
(office)

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, and that I have been a resident elector of the district for which I am qualifying for six (6) 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.

RECEIVED
2008 JUN 16 PM 3:44
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

SIGN HERE

Linda Stephens
Signature of Candidate

1070 NE 212 Ter
Current Address of Legal Residence

3057609-42503057653-9310
Day Phone Fax Number

()
Other Phone Number

Punkiepye@aol.com
Email Address

Miami, Fla. 33179-1309
City State Zip Code

6/16/08
Date Signed

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 16th day of June, 2008 by Linda Stephens

[Signature]
Signature of Notary Public – State of Florida

NOTARY PUBLIC STATE OF FLORIDA
Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012
Print, Type or Stamp Commissioned Name of Notary Public

- Personally known to me Identification provided