

RECEIVED
2008 JUN 17 PM 3:56
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

- Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: Louise E. King 1. Address (include post office box or street, city, state, zip code):
21910 SW 250 St
Homestead, FL 33031

Telephone (optional): _____ 2. Party (Partisan candidates only): _____ 3. Office (add district, circuit, group number):
Seat #1

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

4. Name of Treasurer or Deputy Treasurer:
Louise E. King

5. Mailing Address (If post office box or drawer add street address):
as above 6. Telephone:
305-246-8460

7. City: Homestead 8. County: Miami-Dade 9. State: FL 10. Zip Code: 33031

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

11. Name of Bank: TIB 12. Street Address:
777 N. Krome Ave.

13. City: Homestead 14. County: Miami-Dade 15. State: FL 16. Zip Code: 33030

17. Signature of Candidate: X Louise E. King Date: 6/13/08

Campaign Treasurer's Acceptance of Appointment

I, Louise E. King, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Louise E. King

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

Supervisor, SDSWCD.

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
Date

X Louise E. King
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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ELECTIONS DEPARTMENT

I, Louise E. King

candidate for the office of supervisor of \$ D SWCD

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

x Louise E. King
Signature of Candidate

6/13/08
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).

<p>LOYALTY OATH CANDIDATES WITH NO 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="text-align: right;">RECEIVED MIAMI DADE COUNTY ELECTIONS DEPARTMENT 2008 JUN 7 PM 3:08</p>
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I, <u>Louise</u>	<u>Elizabeth</u>	<u>King</u>
<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>

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, Louise E. King
(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 SDSWCD Supervisor, Seat No. 1,
(office) (district) (circuit)
Miami-Dade County, Florida. I am qualified
(group)

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.

Louise E. King (305) 246-8460 royalgrove@earthlink.net

Signature of Candidate	Telephone Number	Email Address
<u>21910 SW 150 St., Homestead,</u>	<u>FL 33031</u>	

Address	City	State	ZIP Code
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Sworn to (or affirmed) and subscribed before me this 16 day of June, 2008.

Personally Known: or
Produced Identification: _____
Type of Identification Produced: _____

Linda B Meeder
Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

