

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

(PLEASE TYPE)

RECEIVED

OFFICE USE ONLY
2008 JUN 18 AM 10:59

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:



Original Appointment



Deputy Treasurer



Reappointment of Treasurer

Name of Candidate

S Cooper McMillan III

1. Address (include post office box or street, city, state, zip code)

18900 SW 147 Ave., Miami, FL 33187

Telephone (optional)

(305) 242-1288

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

Supervisor

I have appointed the following person to act as my



Campaign Treasurer



Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

S Cooper McMillan III

5. Mailing Address (If post office box or drawer add street address)

18900 SW 147 Ave., Miami, FL 33187

6. Telephone

305-242-1288

7. City

FL City

8. County

Miami-Dade

9. State

FL

10. Zip Code

33034

I have designated the following named bank as my



Primary Depository



Secondary Depository

11. Name of Bank

12. Street Address

13. City

14. County

15. State

16. Zip Code

17. Signature of Candidate

X [Signature]

Date

4-17-08

Campaign Treasurer's Acceptance of Appointment

I, S Cooper McMillan III, do hereby accept the appointment as
(Please Print or Type)



Campaign Treasurer



Deputy Treasurer

for the campaign of

S Cooper McMillan III

who is seeking nomination or election as a

(Party)

candidate to the office of

Supervisor

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.

4/17/08
Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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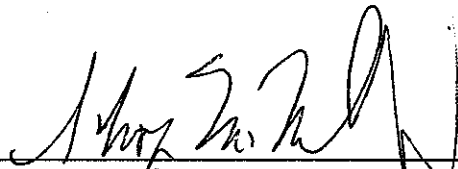
2008 JUN 18 AM 10: 59

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, S. Cooper McMillan, III,

candidate for the office of Supervisor, Seat #4, SDSWCD ;

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

X 

Signature of Candidate

5/22/08

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).

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

Miami-Dade, COUNTY

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

| | | | |
|----|------------|---------------------|---------------|
| I, | Samuel | Cooper | McMillan, III |
| | 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, S Cooper McMillan III
(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Supervisor, SDSWCD, , Seat #4 ,
(office) (district) (group)

My legal residence is Miami-Dade County, Florida. I am qualified 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.

X [Signature] (305) 242-1288

| | | |
|-------------------------------|---------------------------------|----------------------|
| Signature of Candidate | Daytime Telephone Number | Email Address |
| 18900 SW 147 Ave. | Miami FL | 33187 |

| | | | |
|----------------|-------------|--------------|-----------------|
| Address | City | State | ZIP Code |
|----------------|-------------|--------------|-----------------|

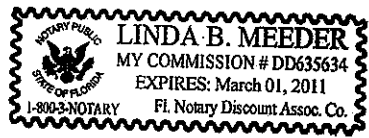
Sworn to (or affirmed) and subscribed before me this 22nd day of May, 2008.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public





OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331990

RECEIVED FROM S. Cooper McMillan III

DATE 6, 17, 08
MONTH DAY YEAR

ADDRESS 18900 SW 147th Ave.
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33187 ZIP

CHECKS \$ 25.00

AMOUNT OF: Twenty five DOLLARS, AND 00 CENTS

TOTAL \$ 25.00

FOR PAYMENT OF: Qualifying Fee - Soil + Water - Supervisor - Seat 4

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Nena G. Aita

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| TRANS | SUBSIDIARY | INDEX CODE | SUBJECT | AMOUNT |
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107.01-1 6/04



S. COOPER MCMILLAN, III
(305) 235-0685
18900 SW 147TH AVENUE
MIAMI, FL 33187-2218

FIRST NATIONAL BANK
OF SOUTH FLORIDA
PRINCETON, FL 33032
63-514/670

3261

6/12/08

PAY TO THE ORDER OF

Board of Co. Commissioners

\$ 25.00

Twenty five and 00/100

DOLLARS

MEMO

Filing Fee - StW - Seat #4

[Handwritten Signature]

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