

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 17 PM 3:05

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: **BOBBY DELL STEWART**
1. Address (include post office box or street, city, state, zip code):
29500 S. W. 155 CT. - LEISURE CITY, FL 33033

Telephone (optional): **(305) 248-0303**
2. Party (Partisan candidates only):
3. Office (add district, circuit, group number): **CC 15/155**

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

4. Name of Treasurer or Deputy Treasurer:
BOBBY DELL STEWART

5. Mailing Address (If post office box or drawer add street address):
29500 S. W. 155 CT
6. Telephone:
(305) 248-0303

7. City: **LEISURE CITY** 8. County: **MIAMI-DADE** 9. State: **FL** 10. Zip Code: **33033**

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

11. Name of Bank: **COMMUNITY BANK**
12. Street Address: **28801 S. W. 157 AVE**

13. City: **HOMESTEAD** 14. County: **MIAMI-DADE** 15. State: **FL** 16. Zip Code: **33030**

17. Signature of Candidate: **X Bobby Dell Stewart** Date: **6/16/2008**

Campaign Treasurer's Acceptance of Appointment

I, **BOBBY DELL STEWART**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **BOBBY DELL STEWART**

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

CC - 15 / SUBAREA 155

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 Bobby Dell Stewart
Signature of Campaign Treasurer or Deputy Treasurer



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331986

RECEIVED FROM Bobby Dell Stewart

DATE 6, 17, 08
MONTH DAY YEAR

ADDRESS 29500 SW 155 Ct.

CASH \$

Letsure City CITY FL STATE 33033 ZIP

CHECKS \$ 100.00

AMOUNT OF: One hundred DOLLARS, AND 00 CENTS

TOTAL \$ 100.00

FOR PAYMENT OF Qualifying fee- Comm. Council 15/155

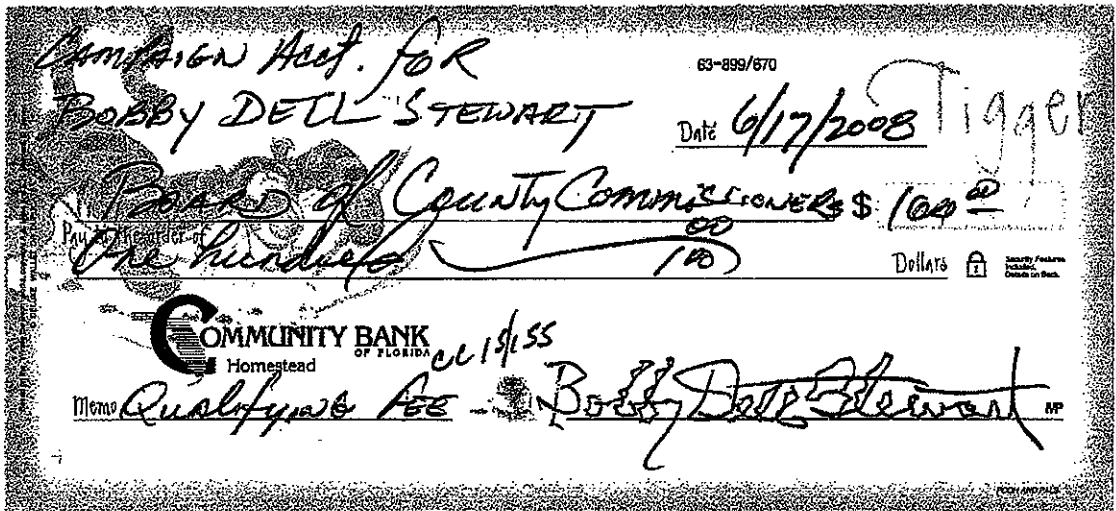
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Nerna A. Sauter

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04



**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, BOBBY DELL STEWART,

candidate for the office of COMMUNITY COUNCIL -15 / SUBAREA 155;

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 87th Avenue
 Miami, FL 33172 (305) 499-8400

RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

Bobby Dell Stewart
 First Name Middle Name Last Name

Office: Community Council #15 - SUBAREA 155

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 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

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

Received by: *Bobby Dell Stewart*
 Candidate Signature

Date: 6/16/2008

Phone No.: (305) 248-0303 Fax No.: (305) 248-0360

E-mail address: Lcmdort@bellsouth.NET



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

I, BOBBY DELL STEWART, candidate for the office of Community Council #15/155, 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.

Bobby Dell Stewart
Signature of Candidate

6/16/2008
Date

Day Time Phone No.: (305) 248-0303

E-mail address: LCMDOFF@bellsouth.NET

RECEIVED
2008 JUN 17 PM 3:06
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,	<u>BOBBY</u>	<u>DELL</u>	<u>STEWART</u>
	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, BOBBY DELL STEWART

(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** 155

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, 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 15 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 155 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.

<u>X Bobby Dell Stewart</u>	<u>(305) 248-0303</u>	<u>Lempoff@bellsouth.net</u>
Signature of Candidate	Daytime Telephone Number	Email Address

Address 29500 S.W. 158th Ct City LEISURE CITY State FL Zip Code 33033

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 17 day of June, 2008 by Bobby Dell Stewart

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

Irish S. Colmenar
Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

