



OATH OF WITHDRAWAL

Date: June 14, 2010

I, Pamela A. Gray, have filed as a candidate for the office of Miami Dade County Commission - Dist. 8

I wish to withdraw my name as a candidate for this office and I will not accept the office for which I filed qualification papers.

[Signature]
Signature of Candidate

19100 SW 304 St.
Address

Miami
City,

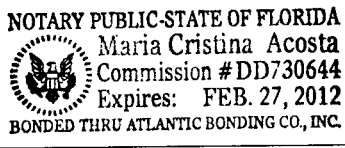
FL
State

33130
Zip

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10 JUN 14 AM 11:58
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Sworn to and subscribed before me this 14th day of June, 2010.

[Signature]
Signature of Officer Administering the Oath or Notary Public



Print, Type or Stamp Commissioned Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced
FL Drivers Lic

Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

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FLORIDA STATE
ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Pamela A. Gray

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

19100 SW 304 St.
Miami, FL 33030

4. Telephone (optional)

(305) 245-1799

5. E-mail address (optional)

Deco Drive at AOL.com

6. Office sought (include district, circuit, group number)

Miami Dade County Commissioner
District 8

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Mary Annette Robinson

11. Mailing Address (If post office box or drawer, also include street address)

23515 SW 162 Ave.

12. Telephone

(305) 247-5511

13. City

Redland

14. County

Miami Dade

15. State

FL

16. Zip Code

33031

17. E-mail address (optional)

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

TIB Bank

20. Street Address

600 N. Homestead Blvd.

21. City

Homestead

22. County

Miami Dade

23. State

FL

24. Zip Code

33030

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

February 12, 2010

26. Signature of Candidate



27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Mary Annette Robinson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

February 12, 2010

Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

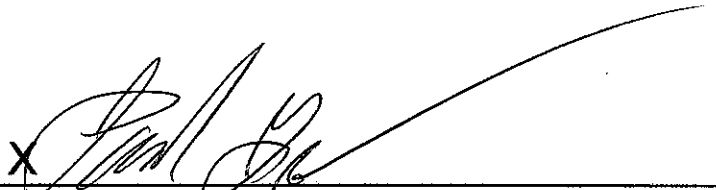
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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Pamela G. Gray ,
candidate for the office of Miami Dade County Commissioner District 8 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 

Signature of Candidate

February 12, 2010

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:

Pamela Ann Gray
 First Name Middle Name Last Name

Office: Miami Dade County Commissioner - Dist. 8

This is to acknowledge my receipt of the following documents:

- The Election Laws of the State of Florida as of August 2008**
 Downloaded from Internet
 CD Rom

- Miami-Dade County Qualifying Handbook as of** 2/11/2010
 Downloaded from Internet
 CD Rom
 Other _____

Received by: [Signature]
 Candidate Signature

Date: 2/12/2010

Phone No.: 305-245-1799 **Fax No.:** _____

E-mail address: Deco Drive at AOL.com

RECEIVED
 2010 FEB 12 PM 1:25
 SUPERVISOR OF ELECTIONS

RECEIVED

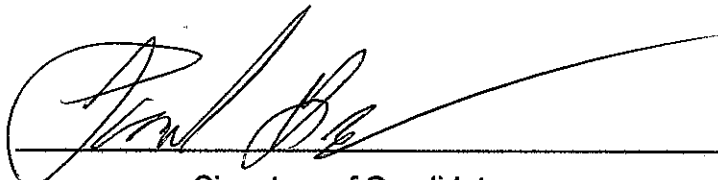
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**Campaign Treasurer's Report
Electronic Filing Requirement
For Miami-Dade County Candidates**

I, Pamela A. Gray, candidate for the office of County Commissioner - DIST 8, understand the Miami-Dade County policy regarding the submittal of Campaign Treasurer's Reports for Candidates who qualify with the Miami-Dade County Elections Department.

In order to comply with the requirement, I understand that Campaign Treasurer's Reports must be filed electronically. A hard copy must then be printed from the Miami-Dade County Elections website, contain original signatures, and be submitted by the reporting deadline.



Signature of Candidate

2/12/2010

Date

Day Time Phone No.: 305-245-1799
Email Address: DECO DRIVE at AOL.COM

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed.