

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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2010 MAY -5 PM 2:55

MIAMI DADE
ELECTIONS

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

~~Robert~~ Daniel "Danny" Marmorstein

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

10520 SW 124 Street
Miami, Florida 33176

4. Telephone (optional)

(305) 753-9656

5. E-mail address (optional)

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

Anne Katz

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

9190 Sunset Dr

12. Telephone

(305) 962-4725

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33173

17. E-mail address (optional)

annekatz@bellsouth.net

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

19. Name of Bank

BB&T

20. Street Address

10899 Sunset Dr

21. City

Miami

22. County

Miami-Dade

23. State

FLORIDA

24. Zip Code

33173

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

5/5/10

26. Signature of Candidate

X

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

I, ANNE KATZ, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/5/10
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI DADE
ELECTIONS

I, ^{DM} ~~Robert~~ Daniel "Danny" Marmorstein, _____,
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

5/5/10

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).

**Receipt of Handbook and the
Election Laws of the State of Florida**



Candidate/Chairperson:

^{DM}
~~DM~~ Daniel "Danny" Marmorstein

First Name

Middle Name

Last Name

Miami-Dade County Commissioner District 8

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

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 MIAMI-DADE
 ELECTIONS
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Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook			<input type="checkbox"/>	
Electioneering Committee Handbook			<input type="checkbox"/>	

Received by:
Candidate/Chairperson Signature

Date: 5/5/10

Phone No.: 305 753 9656 Fax No.: 305 273 5506

E-mail address: hazan55@msn.com

Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County



- Candidate (office sought): Miami-Dade County Commissioner, Dist. 8
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

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MIAMI-DADE
ELECTIONS

I, ~~DM~~ Daniel "Danny" Marmorstein
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

5/5/10

Signature of Candidate or Chairperson

Date

Day Time Telephone No: 305 971-8481

Email Address: hazan55@msn.com

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

**LOYALTY OATH FOR MIAMI-DADE COUNTY
COUNTY COMMISSIONER**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, DM Rabbit Daniel	Louis	Marmorstein
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, ~~DM~~ ~~Rabbit~~ Daniel "Danny" Marmorstein

(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 Commissioner** District 8


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 Miami-Dade County, and that I have been a resident elector of Miami-Dade County for at least three (3) years and resident of the District at least 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.

X  3059718481 hazan55@msn.com

Signature of Candidate	Daytime Telephone Number	Email Address
------------------------	--------------------------	---------------

10520 SW 124 Street	Miami Florida	33176-4724
Address	City	State
		Zip Code

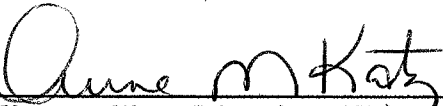
I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

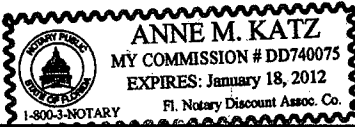
State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 5th day of May, 2010 by Daniel Marmorstein

Personally Known: or
Produced Identification: _____

Type of Identification Produced:


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



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COUNTY
SECTION 8
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CAMPAIGN ACCOUNT OF
DANIEL "DANNY" MARMORSTEIN
COUNTY COMMISSIONER DISTRICT 8

0098

63-1322/631
32061

Date 5/24/10

Pay to the
Order of

Board of County Commissioners \$ 360⁰⁰
Three hundred and 00/100 Dollars



24 Hr Colonial Connection 1-877-502-2265

For qualifying fee

Harland Clarke

© THOMAS KINKADE



OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No. 5872179

RECEIVED FROM Daniel "Danny" Marmorstein DATE 5, 24, 10
MONTH DAY YEAR

ADDRESS 10520 SW 124 Street CASH \$ _____
Miami STREET ADDRESS STATE ZIP CHECKS \$ 360.00
CITY STATE ZIP

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00 CENTS TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying Fee, County Commissioner District 8
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Elections By: YOLANDA WASHINGTON

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT