

**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

RECEIVED

2010 JUN 10 PM 1:43

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)

Patricia Gordon Davis

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

10061 SW 166 Avenue Miami, FL 33196

4. Telephone (optional)

(305) 542-5478

5. E-mail address (optional)

shannendavis308@hotmail.com

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

Council Member at Large CZAB 11

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

Aileen Esparra

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

11471 SW 148 Court

12. Telephone

(786) 315-6959

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33196

17. E-mail address (optional)

aesparra@aol.com

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

19. Name of Bank

Wachovia

20. Street Address

13700 Kendall Drive

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33186

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

6/10/2010

26. Signature of Candidate



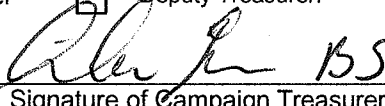
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Aileen Esparra, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/10/2010

Date


Signature of Campaign Treasurer or Deputy Treasurer

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

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2010 SEP 2 PM 2:56

MIAMI DADE COUNTY
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)

PATRICIA B. DAVIS

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

10001 SW 166 AVE
MIAMI, FL 33196

4. Telephone (optional)

(305) 542-5478

5. E-mail address (optional)

shannendavis308@hotmail.com

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

Community Council 11

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

PATRICIA GORDON DAVIS

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

10001 SW 166 AVE

12. Telephone

(305) 542-5478

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33196

17. E-mail address (optional)

shannendavis308@hotmail.com

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

19. Name of Bank

Wachovia

20. Street Address

13700 Kendall Drive

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33180

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

9/2/10

26. Signature of Candidate

X 

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

I, PATRICIA GORDON DAVIS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

9/2/10
Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE PRINT OR TYPE)

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2010 JUN 11 AM 11:33

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)

Patricia Gordon Davis

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

10061 SW 166 Avenue Miami, FL 33196

4. Telephone (optional)

(305) 542-5478

5. E-mail address (optional)

shannendavis308@hotmail.com

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

Council Member at Large CZAB 11

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

Marlaine Gordon Galvin

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

10061 SW 166 Avenue Miami, FL

12. Telephone

(305) 388-6200

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33196

17. E-mail address (optional)

marlaineagalvin@hotmail.com

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

19. Name of Bank

Wachovia

20. Street Address

13700 Kendall Drive

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33186

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

6/9/2010

26. Signature of Candidate



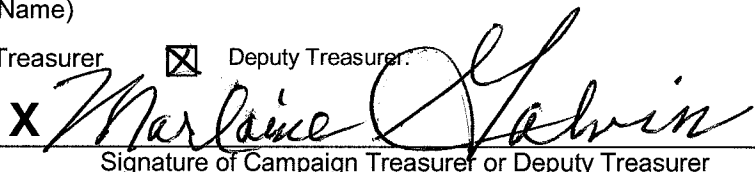
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Marlaine Gordon Galvin, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

6/9/2010

Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

RECEIVED

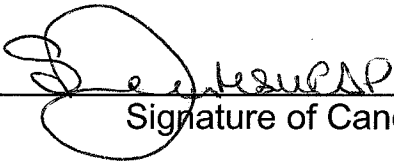
OFFICE USE ONLY

2010 JUN 10 PM 1:43

MIAMI DADE
ELECTIONS

I, Patricia Gordon Davis ,
candidate for the office of Council Member at Large CZAB 11 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X


Signature of Candidate

6/9/2010

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).

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



Candidate/Chairperson:

Patricia	Gordon	Davis
_____ First Name	_____ Middle Name	_____ Last Name

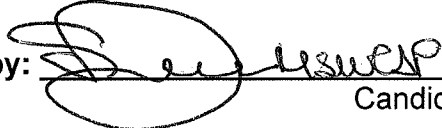
Council Member at Large CZAB 11

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 2010 JUN 10 PM 11:43
 MIAMI-DADE
 ELECTIONS

Received by: 
 Candidate/Chairperson Signature

Date: 6/9/2010

Phone No.: 305-542-5478

Fax No.: 305-388-6200

E-mail address: shannendavis308@hotmail.com

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



Candidate (office sought): Council MEMBER at LARGE / Community Council 11

Political Committee: _____

Party Executive Committee: _____

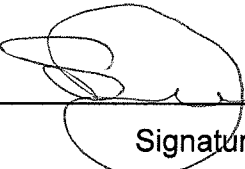
Other: _____

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2110 JUL 10 PM 1:43
MIAMI-DADE
ELECTIONS

I, PATRICIA GORDON DAVIS
(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.

 Shannan Davis 6/10/10
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-542-5478

Email Address: shannandavis308@hotmail.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
COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

RECEIVED

2010 JUN 10 PM 1:43

STATE OF FLORIDA Miami-Dade County

I, PATRICIA GORDON DAVIS
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, PATRICIA "Sharon" DAVIS
(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** 11 **Subarea** ATLARGE

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

[Signature] 305/542-5478 sharonedavis307@hotmail.com
Signature of Candidate Daytime Telephone Number Email Address

10001 SW 166 Ave Miami FL 33190
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 10th day of June, 2010 by Patricia Davis

Personally Known: or
Produced Identification:

Type of Identification Produced:
Florida Drivers Lic

[Signature]
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public
NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
Commission # DD730644
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5997461

RECEIVED FROM Patricia G Davis

DATE 6 / 11 / 10
MONTH DAY YEAR

ADDRESS 10061 SW 166 Ave
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33196 ZIP

CHECKS \$ 100

AMOUNT OF: One Hundred DOLLARS, AND 00 CENTS

TOTAL \$ 100

FOR PAYMENT OF: Qualifying Fee -

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

DEPT.: Elections

BY: A. Vincent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

PATRICIA G. DAVIS 2010 CAMPAIGN FUND
 10061 SW 166 AVE
 Miami, FL 33196

091
63-643/670

DATE June 11, 2010

PAY TO THE ORDER OF BOARD OF COUNTY COMMISSIONERS \$ 100⁰⁰

One hundred and 00/100⁰⁰ DOLLARS

WACHOVIA
Wachovia Bank, a division of Wells Fargo Bank, N.A.

FOR Filing Fee

⑈000091⑈ ⑆067006432⑆ 2000055184403⑈

Security Features Details on Back.