

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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**MIAMI-DADE  
ELECTIONS**

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

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

Luther R. Campbell

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

15476 NW 77th Ct  
PO Box 106  
Miami Lakes, FL 33016

4. Telephone

(305) 974-5564

5. E-mail address

oakmountdrive@aol.com

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

Miami Dade County Mayor

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

Luther Campbell

11. Mailing Address

15476 NW 77th Ct, #106, Miami Lakes, FL 33016

12. Telephone

(305) 974-5564

13. City

Miami Lakes

14. County

Miami-Dade

15. State

FL

16. Zip Code

33016

17. E-mail address

oakmountdrive@aol.com

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

19. Name of Bank

Regions Bank

20. Address

15330 NW 79th Ct

21. City

Miami Lakes

22. County

Miami-Dade

23. State

FL

24. Zip Code

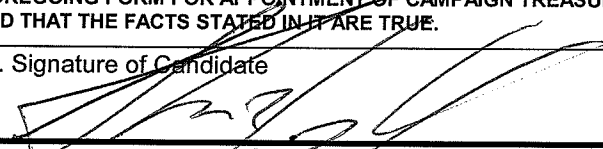
33016

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

April 11, 2011

26. Signature of Candidate



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

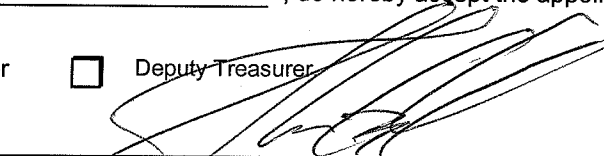
I, Luther "Luke" Campbell, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer

April 11, 2011  
Date



Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)  
(Please Type)

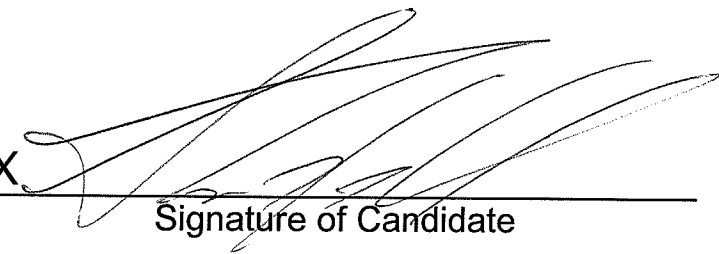
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MIAMI-DADE  
ELECTIONS

I, Luther "Luke" Campbell,  
candidate for the office of Miami-Dade County Mayor;  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X

  
\_\_\_\_\_  
Signature of Candidate

4-11-2011

\_\_\_\_\_  
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).



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



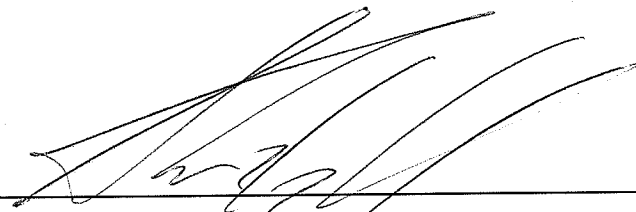
- Candidate (office sought): Miami Dade County Mayor
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

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MIAMI-DADE  
ELECTIONS

I, Luther "Luke" Campbell  
(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.

 4/11/11  
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-974-5564

Email Address: info@luke4mayor.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  
MAYOR**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, <u>Luther</u>	<u>R</u>	<u>Campbell</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [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, Luther "Luke" Campbell  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING PERIOD)

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MIAMI-DADE COUNTY  
ELECTIONS

am a candidate for the office of **Miami-Dade County Mayor**. 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 a resident of Miami-Dade County for at least three (3) years prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Voter Information Card      | <input type="checkbox"/> Utility Bill         | <input type="checkbox"/> Lease Agreement             |

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. 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. <u>[Signature]</u>	<u>305-974-5564</u>	<u>info@luke4mayor.com</u>
Signature of Candidate	Daytime Telephone Number	Email Address
<u>15476 NW 77th Court, Po Box 106</u>	<u>Miami Lakes</u>	<u>FL 33016</u>
Address	City	State      Zip Code

State of Florida,  
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 12 day of April, 2011 by Luther Campbell

Personally Known:  or  
Produced Identification: \_\_\_\_\_  
Type of Identification Produced:  
\_\_\_\_\_

Shayla O. Forde  
Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC-STATE OF FLORIDA  
Shayla O. Forde  
Commission # DD977909  
Expires: APR. 18, 2014  
BONDED THRU ATLANTIC BONDING CO., INC.

**FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS RECEIVED 2010**

2011 APR 12 PM 12:14

MIAMI-DADE ELECTIONS

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

Please print or type your name, mailing address, agency name, and position below:

LAST NAME — FIRST NAME — MIDDLE NAME:  
 Campbell Luther Rodrick

MAILING ADDRESS:  
 15476 NW 77th Court, PO Box 106  
 Miami Lakes

CITY: Miami Lakes ZIP: 33066 COUNTY: Miami-Dade

NAME OF AGENCY:  
 Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
 County Mayor

CHECK IF THIS IS A FILING BY A CANDIDATE

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2010, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December, 20 10 was \$ 610,000

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**  
 Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 660,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family Home - 7180 N. Dakmont Dr, Hialeah, FL 33015	\$660,000

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Z-Roofing, 2525 W. 3rd Ct, Hialeah, FL 33010	\$2,790.00
Marilyn Cesarano, 9130 S. Dadeland Blvd, Suite 1525, Miami, FL 33156	\$4,600.00
AWA Collections, PO Box 6605 Orange, CA 92663	\$1169.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
City of Miami Beach	\$4840.30

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2010 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2010 federal income tax return. [If you check this box and attach a copy of your 2010 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME:**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LCM Deep South Music Publishing	7180 N. Oakmont Dr, Miami Lakes, FL 33065	\$ 87,000
Lula Holdings & Investments, Inc	18625 NW 67th Ave #186, Miami Lakes, FL 33015	\$ 12,000

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Self	Broadcast Music, Inc	10 Music Square East, Nashville TN 37203	performance royalty of songwriter

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
ADDRESS OF BUSINESS ENTITY	WA		
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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**MIAMI-DADE ELECTIONS**  
**2011 APR 12 PM 12:11**

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

*[Handwritten Signature]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 12 day of

April, 2011 by Luther Campbell

*[Handwritten Signature]*  
 (Signature of Notary Public--State of Florida)

Shayla O. Forde  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

**NOTARY PUBLIC-STATE OF FLORIDA**  
**Shayla O. Forde**

Commission # DD977909  
 Expires: APR. 18, 2014  
 BONDED THRU ATLANTIC BONDING CO., INC.

