

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

(PLEASE PRINT OR TYPE)

RECEIVED

11 MAR 28 PM 4: 28

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

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)

Roosevelt Bradley

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

7942 NW 164 Terrace
Miami, Florida 330166

4. Telephone

(305) 335-1469

5. E-mail address

roosevelt.bradley@hotmail.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

Pamella Watson

11. Mailing Address

20401 NW 2nd Ave. Suite # 300

12. Telephone

(305) 653-8865

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33169

17. E-mail address

watsonpa@aol.com

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

19. Name of Bank

Great Florida Bank

20. Address

12119 Biscayne Blvd.

21. City

North Miami

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33181

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

March 28, 2011

26. Signature of Candidate

X 

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

I, Pamella Watson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

March 28, 2011

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

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AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

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ELECTIONS DEPARTMENT

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

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

Roosevelt Bradley

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

7942 NW 164th Terrace
Miami, Florida 33016

4. Telephone

(305) 335-1469

5. E-mail address

roosevelt.bradley@hotmail.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

Roosevelt Bradley

11. Mailing Address

7942 NW 16th Terrace

12. Telephone

(305) 335-1469

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33016

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25. Date

March 28, 2011

26. Signature of Candidate



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

I, Roosevelt Bradley, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

March 28, 2011

Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Roosevelt Bradley,

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

March 28, 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).

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



Candidate/Chairperson:

Roosevelt

Bradley

First Name

Middle Name

Last Name

Miami-Dade County *Mayor*

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

Received by: _____

Lawrence J. Bradley
Candidate/Chairperson Signature

Date: March 28, 2011

Phone No.: 305-335-1469

Fax No.: _____

F-mail address: roosevelt.bradley@hotmail.com

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

11 MAR 28 PM 4: 28

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



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

I, Roosevelt Bradley
(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.

 March 28, 2011
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-335-1469

Email Address: roosevelt.bradley@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.

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

LOYALTY OATH FOR MIAMI-DADE COUNTY MAYOR

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, <u>Roosevelt</u> First Name	— Middle Name/Initial	<u>Bradley</u> Last Name
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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, Roosevelt Bradley
(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 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>Roosevelt Bradley</u> Signature of Candidate	305-335-1469 Daytime Telephone Number	roosevelt-bradley@me.com Email Address
<u>7942 NW 164 ter. Miami Lakes</u> Address	<u>Fla.</u> City	<u>33016</u> State Zip Code

State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11th day of April, 2011 by Roosevelt Bradley

Personally Known: _____ or
Produced Identification: ✓

Type of Identification Produced:
FL DRIVERS Lic.

Maria Acosta
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.

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2011 APR 11 PM 5:11

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2010

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

FINANCIAL INTERESTS RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:
BRADLEY, ROOSEVELT

MAILING ADDRESS:
7942 NW 164TH TERRACE

CITY : **MIAMI LAKES** ZIP : **33016** COUNTY : **MIAMI-DADE**

NAME OF AGENCY :
MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
MAYOR OF MIAMI-DADE COUNTY

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE
2011 APR 11 PM 5:11

MIAMI-DADE ELECTIONS

ID No.

Conf. Code

P. Req. Code

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 30, 20 11 was \$ 1,424,922.

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 \$ 440,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SINGLE FAM, 7942 NW 164TH TERR, MIAMI LAKES, FL 33016, [REDACTED]	451,491
TOWNHOUSE, 2738 NW 199TH TERR, MIAMI GARDENS, FL 33056, [REDACTED]	59,470
NON-LIQUID STOCK: UNITED BRAKE AND CLUTCH SERVICE, LLC.	239,459
NON-LIQUID STOCK: MAVEN STRATEGIES, LLC.	76,000
CASH & 401K	857,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
LITTON LOAN SERVICING	380,000
AMERICAN HOME MORTGAGE	138,498
BANK OF AMERICA	180,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

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
MAVEN STRATEGIES, LLC.	7942 NW 164TH TERR, MIAMI LAKES, FL 33016	68,000
THE ALLEN GROUP	594 HOWARD ST, STE 301, SAN FRANCISCO, CA 94105	28,708

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
MAVEN STRATEGIES, LLC.	JACKSONVILLE TRANSPORTATION AUTH.	100 MYRTLE AVE, JACKSONVILLE, FL 32204	PUBLIC TRANSIT
MAVEN STRATEGIES, LLC.	THE ALLEN GROUP	594 HOWARD ST, STE 301, SAN FRANCISCO, CA 94105	CONSTRUCTION MGMT.

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PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	UNITED BRAKE AND CLUTCH SERVICE, LLC.	MAVEN STRATEGIES, LLC.	BRADLEY CAPITAL GROUP, LLC.
ADDRESS OF BUSINESS ENTITY	10099 NW 89TH AVE, #2, MEDLEY, FL 33178	7942 NW 164TH TERR, MIAMI LAKES, FL 33016	7942 NW 164TH TERR, MIAMI LAKES, FL 33016
PRINCIPAL BUSINESS ACTIVITY	AUTO PARTS	CONSULTING	ASSET MANAGEMENT
POSITION HELD WITH ENTITY	MANAGING MEMBER	MANAGING MEMBER	MANAGING MEMBER
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	YES
NATURE OF MY OWNERSHIP INTEREST	100%	51%	100%

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

OATH

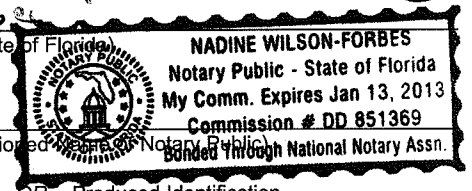
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF MIAMI

Sworn to (or affirmed) and subscribed before me this 11 day of

April, 2011 by Roosevelt Bradley

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced N/A

Roosevelt Bradley
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

