

**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)

Eddie LEWIS

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

*9490 N.W. 1Ave
Miami Shores, FL 33150*

4. Telephone

(305) 812 8516

5. E-mail address

ELEWIS99@ATT.NET

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

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

Eddie Lewis

11. Mailing Address

9490 N.W. 1Ave

12. Telephone

(305) 812 8516

13. City

Miami Shores

14. County

DADE

15. State

FL

16. Zip Code

33150

17. E-mail address

Eddie Lewis 99@MSN.COM

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

19. Name of Bank

BANK AMERICAN

20. Address

9499 N.E 2 Ave.

21. City

Miami Shores

22. County

DADE

23. State

FL

24. Zip Code

33150

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

12 Apr 11

26. Signature of Candidate

X [Signature]

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

I, *Eddie Lewis*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

12 Apr 11
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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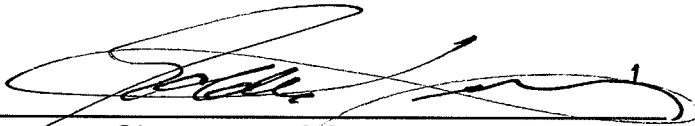
MIAMI-DADE
ELECTIONS

I, Eddie Lewis,

candidate for the office of MAYOR;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

4-7-11

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**



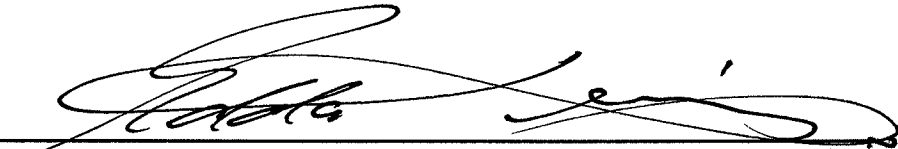
Candidate/Chairperson:

Eddie LEWIS
 First Name Middle Name Last Name

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

Received by: 
 Candidate/Chairperson Signature

Date: 4-7-11

Phone No.: 305-812-8516

Fax No.: _____

E-mail address: edlewis99@aatt.net

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



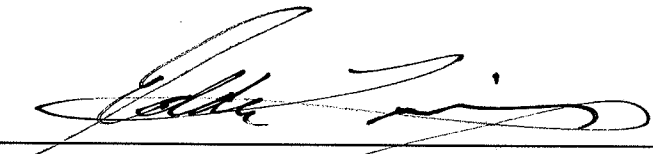
- Candidate (office sought): Mayor
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

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MIAMI-DADE
ELECTIONS

I, Eddie Lewis
(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.

 4-7-11
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-812-8516

Email Address: edlewis99@aatt.net

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>Eddie</u>	<u></u>	<u>Lewis</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, Eddie Lewis

(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.

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MIAMI-DADE COUNTY
ELECTOR

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></u>	<u>305-812-8516</u>	<u>edlewis99@aol.net</u>	
Signature of Candidate	Daytime Telephone Number	Email Address	
<u>9490 NW 1 Ave</u>	<u>Miami FL</u>	<u>33150</u>	
Address	City	State	Zip Code

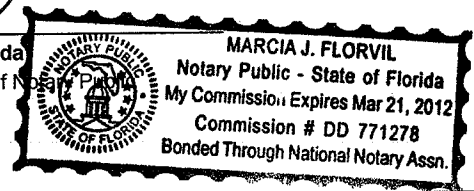
State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 07 day of APRIL, 2011 by Eddie Lewis

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:
Florida DRIVER Lic

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



FORM 6 FULL AND PUBLIC DISCLOSURE OF

2010

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

LEWIS Eddie

MAILING ADDRESS:

9490 NW 1 Ave

Miami 33150 Miami-Dade

CITY: ZIP: COUNTY:

NAME OF AGENCY:

Mayor

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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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 Apr, 2011 was \$ 500,000

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
N/A	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
FIA RET. System	PO Box 5000 TALLAHASSEE, FL 32315-5000	52800 ⁰⁰

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

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PART E -- INTERESTS IN SPECIFIED BUSINESSES

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

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-Dade

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

April, 20 11 by Lewis Eddie

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

NOTARY PUBLIC-STATE OF FLORIDA
Maria Cristina Acosta
 Commission #DD730644
 Expires: FEB. 27, 2012

(Print, Type, or Stamp Commissioned Name of Notary Public)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification

Type of Identification Produced FL Driver's Lic

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.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6482019

RECEIVED FROM Eddie Lewis

DATE / /
MONTH DAY YEAR

ADDRESS 9490 NW 1 Ave

CASH \$

Miami Shores STREET ADDRESS FL 33153
CITY STATE ZIP

CHECKS \$ 2631 .24

AMOUNT OF two thousand six hundred DOLLARS, AND twenty four CENTS

TOTAL \$ 2631 .24

FOR PAYMENT OF: Thirty one Miami-Dade Mayor

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

DEPT.: Elections By: Christina White

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TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

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