# 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

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ELECTIONS DEPARTMENT

officer before opening the campaign account.							OFFIC	E USE	ONLY	
1. CHECK APPROPRIATE BOX(ES):										
✓ Initial Filing of Form		e-filing to Change		reasure		Deposito		Office		Party
2. Name of Candidate (in	this orde	r: First, Middle, L	₋ast)	3. Address (include post office box or street, city, state, zip code)						
Teresa Mary Pooler				ı	1481 NW North River Drive					
4. Telephone	5. E-ma	ail address			• • • • • • • • • • • • • • • • • • • •					
(305 ) 310-9418	tmpool	ler@gmail.con	n							
6. Office sought (include of	listrict, ci	rcuit, group num	ber)	<u> </u>	Į.	didate for a	a <u>nonpart</u>	isan office	∍, chec	k if
County Court Judge 11th Judicial Circuit Group 28  applicable:  My intent is to run as a Write-In candidate.						idate.				
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 AffiliationParty candidate.										
9. I have appointed the fo	llowing	person to act a	s my	∑ Ca	ampaign Trea	asurer	Deput	ty Treasure	er	
10. Name of Treasurer or D	eputy Tr	reasurer								
Teresa Mary Pooler							1			
11. Mailing Address							12. Tele	phone		
1481 NW North River D	)rive						( )	)		
13. City	- 1	County	15. Sta		6. Zip Code	17. E-mai				
Miami	Miam	ni-Dade,	FI.	30	3125	tmpoole	r@gmail	.com		
18. I have designated the	followin	g bank as my	×	✓ Prim	nary Deposito	ory 🔲	Seconda	ary Deposit	ory	
19. Name of Bank				20. Add						
Suntrust Bank				1400 N	VW 20th St			<del></del>		
21. City	1	22. County			23. State			24. Zip C	ode	
Miami		Miami-Dade,	J.		Florida 331		33125			
UNDER PENALTIES OF PERJUIDESI		LARE THAT I HAVE OF CAMPAIGN DEI							EASURE	ER AND
25. Date				26. Sig	nature of Car	ndidate				
2/2/12				<b>x</b> (	_//_					
27. Treasure	r's Acce	eptance of Appo	ointment	t (fill in th	ne blanks and	i check the	appropriat	.e block)		
l,	Ter	esa Mary Poo	oler			, do her	eby accep	ot the appoi	intmen	t
	(Pleas	se Print or Type N	Name)				•			
designated above as:	$\times$	Campaign T	reasurer	F	Deputy Tre	easurer.				
2/2/12	2		X	4		<del></del>				
Date				Signatu	re of Campai	gn Treasure	er or Depu	ty Treasur	er	

#### STATEMENT OF CANDIDATE FOR JUDICIAL OFFICE

(Section 105.031(5), F.S.) (Please Type)

#### OFFICE USE ONLY

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MIAMI-BADE COUNTY ELECTIONS DEPARTMENT

I, Teresa Mary Pooler					
a judicial candidate, have received, read, and understand the requirements					
of the Florida Code of Judicial Conduct.					
(Signature of candidate)					
<u> </u>					

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation

of Campaign Depository.

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

### OFFICE USE ONLY

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MIAMI-DAGE COUNTY ELECTIONS DEPARTMENT

I, <u>Teresa Mary Pooler</u>
candidate for the office of County Court Judge - 9 ROUP 28;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
$X$ $A \cdot A \cdot A$
Signature of Candidate 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:				
TERESA	MAG	<u>.</u> u	Poo	de
First Name N	liddle Nam	ne (	Last N	lame
COUNTY COR Office So This is to acknowledge my receipt of the				
Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		以		
Miami-Dade County Qualifying Handbook		ď		
Miami-Dade County Committee Handbook		f f		
Received by:			2 - 2	NECEIVED  12 FEB -2 PM 2: 31  PHANIS DEPARATEN
Signature of Candidate or Chair	person	`	Da	te =
Day Time Telephone Number: 305  Alternate Contact Number: 305-				
Email Address: +mpoolev		_		

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



☑ Candidate (office sought): TERESA MARY POOLER · COUNTY CO
□ Political Committee:
□ Party Executive Committee:
□ Other:
I, TEKESA MAY y POOJE (Please plint name of Candidate or Chairperson)
understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply
with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-
21 of the Code of Miami-Dade County regarding the filing of the campaign finance
reports with the Supervisor of Elections were recently amended in that original signed
hardcopies are no longer required.
Signature of Candidate or Chairperson  Date RECTORN 2: 31  PM 2: 31  Day Time Telephone Number: 305-310-9418
Signature of Candidate or Chairperson  Date
Day Time Telephone Number: 305-310-9418
Alternate Contact Number: 305-759-0836
Email Address: tmpooler @ Smail. 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.

## JUDICIAL OFFICE CANDIDATE OATH

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MIAMI-UADE COUNTY ELECTIONS DEPAGAMENTSE ONLY

#### OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Teresa Mary Pooler			
(PLEASE PRINT NAME AS YOU WISH IT TO AP	PEAR ON THE BALLOT * NAME MAY NO	FBE CHANGED AFTER THE END	OF QUALIFYING)
am a candidate for the judicial office of	County Court Judge	,	,
,	County Court Judge (office)	(district #)	(circuit #)
28; my legal residence is	Miami-Dade	_ County, Florida; I am a	qualified elector
(group #)			
of the state and of the territorial jurisdiction and the Laws of Florida to hold the judicionary qualified for no other public office in office I seek; and I have resigned from a Statutes; and I will support the Constitution	al office to which I desire to be of the state, the term of which office any office which I am required to	elected or in which I desi e or any part thereof runs o resign pursuant to Secti	re to be retained; I concurrent with the ion 99.012, Florida
Section 876.05, Florida Statutes, oath of Florida and of the United States of Ame of public funds as such employee or officithe United States and of the State of Florida States and of the States of American States and Office State	erica, and being employed by or a er, do hereby solemnly swear or	an officer of the court syst	tem and a recipient
x Officer	(305)310-9418 tn	npooler@gmail.com	
Signature of Candidate	Telephone Number	Email Address	
940 NE 74th Street Mi	ami FI		33138 IP Code
Candidate's Florida Voter Registration Nu	mber (located on your voter informa	tion card):	
* Please print name phonetically on the lin			
	his form):		
disabilities (see instructions on page 2 of t	his form):  H May-REE P		
disabilities (see instructions on page 2 of t	his form):  May - Dee P  THOMAS  day of		20 <u>12</u> .