

**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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FLORIDA COUNTY  
ELECTIONS DEPARTMENT 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)

Loretta Riley

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

601 E Palm Dr. Apt 303  
Florida City, FL 33031

**4. Telephone**

(786) 296 5946

**5. E-mail address**

lorettarencariley@gmail.com

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

County Commissioner District 9

**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**

Julius Riley Sr.

**11. Mailing Address**

114 NW 8 Ave

**12. Telephone**

( )

**13. City**

Homestead

**14. County**

Dade

**15. State**

FL

**16. Zip Code**

33030

**17. E-mail address**

juliusriley54@yahoo.com

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Sun Trust

**20. Address** 2952 NE 8th St.

**21. City**

Homestead

**22. County**

Dade

**23. State**

Florida

**24. Zip Code**

33030

**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 16, 2012

**26. Signature of Candidate**

X 

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

I, Julius RILEY, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

4/16/2012  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer



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

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

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

**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)**

Loretta, , Riley

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

601 E Palm Dr. Apt 303, Florida City, FL 33034

**4. Telephone**

(786 ) 296-5946

**5. E-mail address**

lorettareneariley@gmail.com

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

County Commissioner, District 9

**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**

Rosa Ranson

**11. Mailing Address**

15765 SW 297th. Terrace

**12. Telephone**

( 305 ) 910-7274

**13. City**

Homestead

**14. County**

Dade

**15. State**

FL

**16. Zip Code**

33033

**17. E-mail address**

ranson\_rosa@yahoo.com

**18. I have designated the following bank as my**

☒ Primary Depository

☐ Secondary Depository

**19. Name of Bank**

Suntrust

**20. Address**

2952 NE 8th St.

**21. City**

Homestead

**22. County**

Dade

**23. State**

FL

**24. Zip Code**

33030

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 13, 2012

**26. Signature of Candidate**

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

I, Rosa Ranson, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer

☐ Deputy Treasurer

April 13, 2012

Date

Signature of Campaign Treasurer or Deputy Treasurer



# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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FLORIDA DADE COUNTY  
ELECTIONS DEPARTMENT

I, Loretta Riley,  
candidate for the office of County Commissioner Dist. 9;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

April 16, 2012  
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).





Access to Handbook and the  
Election Laws of the State of Florida

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Candidate/Chairperson:

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Loretta Renea Riley  
First Name Middle Name Last Name

County Commissioner District 9  
Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

☒ Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)  
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

☒ Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)  
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by:

Candidate / Chairperson Signature

Date:

April 16, 2012

Primary Telephone Number:

786-296-5946

Alternate Telephone Number:

786-217-3175

E-mail address:

lorettareneariley@gmail.com



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

MIAMI-DADE

2012

☒ Candidate (office sought): County Commissioner Dist. 9

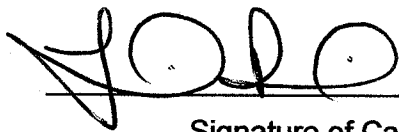
☐ Political Committee: \_\_\_\_\_

☐ Party Executive Committee: \_\_\_\_\_

☐ Other: \_\_\_\_\_

1. Loretta Riley  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must 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

April 16, 2012

Date

Day Time Telephone Number: 786 296 5946

Alternate Contact Number: 786 217 3175

Email Address: lorettareneariley@gmail.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.*



# PUBLIC FINANCING ACKNOWLEDGEMENT STATEMENT

(Miami-Dade Code Section 12-22)


(Please Type or use Blue Ink)

I, Loretta Riley

Candidate for the Office of; County Commissioner Dist. 9

have received, read, understand and agree to abide by Section 12-22 of the Miami-Dade County Code regarding the Election Campaign Financing Trust Fund.

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ELECTIONS DEPARTMENT

X 

Signature of Candidate

April 16, 2012  
Date



MIAMI-DADE

MIAMI-DADE COUNTY

IRREVOCABLE STATEMENT  
AND APPLICATION FOR ELECTION  
CAMPAIGN FINANCING TRUST FUND

For Participation in  
Initial and Runoff Elections

(PLEASE TYPE OR USE BLUE INK)

1. Name of Candidate  
(First Name, Middle Initial, Last Name)

Loretta R. Riley

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

601 E Palm Dr. Apt 303  
Florida City, FL  
33034

3. Telephone (optional)

(786) 296-5946

4. E-mail address:

lorettareneriley@gmail.com

5. Fax:

( )

6. Office

☐ Miami-Dade County Mayor

☒ Miami-Dade County Commissioner

7. (District number if applicable)

9

8. I am a qualified candidate pursuant to Chapter 99, Florida Statutes and Section 2.04 of the Miami-Dade Home Rule Charter.

I acknowledge that I have read, understand and agree to comply with the requirements of Section 12-22 of the Code of Miami-Dade County. I have signed the Public Financing Acknowledgement Statement.

I desire to receive contributions from the Miami-Dade Election Campaign Financing Trust Fund.

- a) I agree to abide by the expenditure limits provided Subsection (e)(1).
- b) I agree to limit loans or contributions from my personal funds to \$25,000, which loans or contributions shall not qualify for meeting the threshold amounts in Subsection (d)(3).
- c) I agree to submit to audits of the campaign account by the Commission on Ethics and Public Trust as provided in Subsection (f)(3).
- d) As a candidate for County Commissioner receiving **Public Funds**, I agree to submit at least 300 but not over 360 separate contributions between \$100 and \$500 from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$30,000 as per Subsection (c)(5)a. At least 50% of the contributions are from my district (for the 2006 election cycle).
- e) As a candidate for Mayor receiving **Public Funds**, I agree to submit at least 1,500 but not over 1,800 contributions between \$100 and \$500 dollars from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$150,000 as per Subsection (c)(5)b.

9. Signature of Candidate

X [Signature]

10. Date

April 16, 2012

Request for Funds

Please choose **one** of the following options:

☐ I hereby request to have my contribution from the Election Campaign Financing Trust Fund deposited by electronic funds transfer into the following account:

Name of Receiving Financial Institution:

ABA #:

Name of Beneficiary Account:

Beneficiary Account #:

Campaign Account of

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ELECTIONS DEPARTMENT

☒ I hereby request to have my contribution from the Election Campaign Financing Trust Fund in the form of a check made payable to:

Campaign Account of

Loretta Riley  
Name of Candidate

April 16, 2012  
Date

X [Signature]  
Signature of Candidate