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MIAMI-DADE ELECTIONS

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.

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)

Alison Dorine Austin

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

935 NW 62nd Street Miami, FL 33127

4. Telephone

()

5. E-mail address

alison@electalisonaustin.com

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

Miami Dade County Commissioner District 3

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

Alison Austin

11. Mailing Address

935 NW 62nd Street

12. Telephone

()

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33127

17. E-mail address

alison@electalisonaustin.com

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

19. Name of Bank

Wells Fargo Co

20. Address

9301 NW 7th Ave

21. City

Miami

22. County

Miami-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

May 11, 2012

26. Signature of Candidate

X Alison Austin

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

I, Alison Austin, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

May 11, 2012

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

Alison Austin

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

935 NW 62nd Street Miami, FL 33127

4. Telephone

()

5. E-mail address

alison@electalisonaustin.com

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

Miami Dade County Commissioner for District 3

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 [X] Campaign Treasurer [] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Gina Stuart

11. Mailing Address

14451 NW 15th Drive

12. Telephone

()

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33167

17. E-mail address

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

19. Name of Bank

Wells Fargo Co.

20. Address

9301 NW 7th Avenue

21. City

Miami

22. County

Miami-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

5/11/2012

26. Signature of Candidate

[X] Alison Austin

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

I, Gina Stuart, do hereby accept the appointment (Please Print or Type Name)

designated above as: [X] Campaign Treasurer [] Deputy Treasurer.

May 11, 2012 Date

[X] Gina Stuart Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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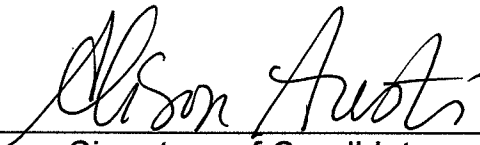
I, Alison Dorine Austin ,

candidate for the office of Miami-Dade District 3 County Commissioner ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

5/11/2012

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).

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

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Alison

Dorine

Austin

First Name

Middle Name

Last Name

Miami-Dade County Commissioner for District 3

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:

[X] 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: [Signature] Candidate / Chairperson Signature

Date: 5/11/2012

Primary Telephone Number: 786-239-1183

Alternate Telephone Number:

E-mail address: alison@electalisonaustin.com

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




- Candidate (office sought): Miami-Dade County Commissioner for District 3
Candidate's Florida Voter Registration Number: 108942487
 Political Committee: _____
 Party Executive Committee: _____
 Other: _____

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I, Alison Dorine Austin
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with 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.

 5/11/2012
Signature of Candidate or Chairperson Date

Day Time Telephone No: 786-239-1183

Email Address: alison@electalisonaustin.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.