

**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)**

SHIRLEY GIBSON

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

19821 NW 2AVE  
BOX 116  
MIAMI GARDENS, FL 33169

**4. Telephone**

(305) 904 5917

**5. E-mail address**

SHIRLEY GIBSON FOR DISTRICT 1@gmail.com

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

MIAMI DADE COUNTY COMMISSION  
DISTRICT 1

**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**

ROSALIND RAY MORGAN

**11. Mailing Address**

3527 SW 174 WAY

**12. Telephone**

(305) 790-0299

**13. City**

MIRAMAR

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33029

**17. E-mail address**

ROZMORGAN@gmail.com

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

**19. Name of Bank**

CHASE BANK

**20. Address**

175 NORTH WEST 199 ST

**21. City**

MIAMI GARDENS

**22. County**

DADE

**23. State**

FLORIDA

**24. Zip Code**

33169

**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 24, 2012

**26. Signature of Candidate**  
X Shirley Gibson

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

I, ROSALIND RAY MORGAN, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

5-24-2012  
Date

X Rosalind Morgan  
Signature of Campaign Treasurer or Deputy Treasurer

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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)

SHIRLEY GIBSON

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

19821 NW 2nd Ave Box 116

4. Telephone

305 904 5917

5. E-mail address

SHIRLEY.GIBSON@FLORIDA.COM

MIAMI GARDENS FL 33169

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

MIAMI DADE County Commission District 1

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

SHIRLEY GIBSON

11. Mailing Address

19821 NW 2nd Ave Box 116

12. Telephone

305 904 5917

13. City

MIAMI GARDENS

14. County

DADE

15. State

FL

16. Zip Code

33169

17. E-mail address

SHIRLEY.GIBSON@FLORIDA.COM

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

19. Name of Bank

CHASE BANK

20. Address

175 NW 19th

21. City

MIAMI GARDENS

22. County

DADE

23. State

FL

24. Zip Code

33169

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 24 2012

26. Signature of Candidate

Shirley Gibson

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

I, SHIRLEY GIBSON, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

MAY 24 2012 Date

Shirley Gibson Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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MIAMI-DADE  
ELECTIONS

I, SHIRLEY GIBSON

candidate for the office of MIAMI DADE COMMISSION DIST 9

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Shirley Gibson  
Signature of Candidate

5/24/2012  
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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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

SHIRLEY

First Name

Middle Name

GIBSON

Last Name

MIAMI DADE COUNTY COMMISSION DISTRICT 1

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: Shirley Gibson
Candidate / Chairperson Signature

Date: May 24 2012

Primary Telephone Number: 305-904-5917

Alternate Telephone Number:

E-mail address: SHIRLEY.GIBSON@DISTRICT1@MIAMI-DADE.COM

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



- Candidate (office sought): DADE COUNTY COMMISSION DIST 1  
Candidate's Florida Voter Registration Number: 108982078
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

I, SHIRLEY GIBSON  
(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.

Shirley Gibson  
Signature of Candidate or Chairperson

May 24, 2012  
Date

Day Time Telephone No: 305-904 5917

Email Address: SHIRLEYGIBSONFORDISTRICT1@gmail.com

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