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 COUNTY ELECTIONS DEPARTMENT OFFICE USE ONLY

officer before opening th	e campa	ign account.							OFFIC	E USE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form		S): -filing to Change	. 🗀 1	l'reas	urer/Dep	outy [Deposito	rv 🖂	Office	П	Party
	-,		-								
2. Name of Candidate (in	this orde	r: First, Middle, L	₋ast)		3. Addres code)	ss (includ	de post offic	e box or	street, city	state,	zip
						167 Te	errace				
4. Telephone	1. Telephone 5. E-mail address			N	∕liami G	Gardens	, Florida 3	33169			
()	ayoung	g569@yahoo.	com								
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
School Board, District	1					applical			107.14		
							My intent i	s to run a	s a Write-	in cand	idate.
8. If a candidate for a par	<u>tisan</u> off	ice, check bloc	k and fil	ll in n	name of	party as	applicable	: My int	ent is to ru	ın as a	_
Write-In No	Party Aff	iliation						Pa	arty can	didate.	
9. I have appointed the fo	ollowing	person to act a	s my	X	Campa	aign Trea	surer 🔲	Depu	ty Treasur	er	
10. Name of Treasurer or I	Deputy T	reasurer		•							
Andrea Young		<u> </u>									
11. Mailing Address								12. Tele	phone		
2225 NW 177 Terrace								()		
13. City	14. 0	County	15. St	ate	ate 16. Zip Code 17. E-mail address						
Miami Gardens Miami-Dade Fl			FI	33056 ayoung569@yahoo.com							
18. I have designated the following bank as my			<u> </u>	Primary Depository Secondary Depository							
19. Name of Bank				20.	Address	3					
Chase Bank				198	370 NW	27th A	venue				
21. City		22. County			2	23. State			24. Zip (Code	
Miami Gardens		Miami-Dade			F	lorida			33054		
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				26.	Signatur	re of Can	ndidate				
12-1-15				X	X Steve Ballowe						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, Andrea Young (Please Print or Type Name)				, do hereby accept the appointment							
designated above as: Campaign Treasurer Deputy Treasurer.											
12-1-201	5		X	0	luel	lea	Le C	toun	V		
Date			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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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

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

officer before opening th	OFFICE USE ONLY										
1. CHECK APPROPRIATE BOX(ES):											
	Re	-filing to Change	: 🔲 1	reasu	rer/Depu	ity [Depository		Office		Party
2. Name of Candidate (in this order: First, Middle, Last)						s (includ	de post office l	oox or s	treet, city,	state,	zip
Steve Gallon III					code) 771 NW 167 Terrace						
4. Telephone	5. E-ma	5. E-mail address			Miami Gardens, Florida 33169						
()	ayoung	g569@yahoo.	com		: 60						
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if							
School Board, District	1			applicable:							
				My intent is to run as a Write-In candidate.							
8. If a candidate for a <u>par</u>	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 Aff	iliation						Pa	rty cand	lidate.	
9. I have appointed the fo	llowing	person to act a	s my		Campaig	gn Trea	surer 🔀	Deput	y Treasure	r	
10. Name of Treasurer or I	Deputy T	reasurer									
Steve Gallon III											
11. Mailing Address							1:	2. Telep	ohone		
771 NW 167 Terrace ()											
13. City 14. County 15. State											
Miami Gardens Miami-Dade FI 33169 ayoung569@yahoo.com											
18. I have designated the following bank as my Primary Depository Secondary Depository					-						
19. Name of Bank				20. Address							
Chase Bank					19870 NW 27th Avenue						
21. City		22. County				3. State			24. Zip C	ode	
Miami Gardens		Miami-Dade			Flo	orida			33054		
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 26. Signatur					Signature	of Car	ndidate				
12-1-15				X Steve Gallran							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, Steve Galm III , do hereby accept the appointment (Please Print or Type Name)											
designated above as: Campaign Treasurer Deputy Treasurer.											
12-1-15	12-1-15 X Attue Hallow										
Date Signature of Camp					Campai	gn Treasurer o	or Depu	ty Treasure	er		

STATEMENT OF CANDIDATE

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

OFFICE LISE ONLY

2015 DEC - 1 PM 11: 19

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

1, Steve	GallmII	Γ,					
candidate for the office of _	School	Board	Pistrict 1				
have been provided access to read and understand the requirements of							
Chapter 106, Florida Statutes	S.						
	4.						
	¥						
x Stere &	falloner	12-	1-15				
Signature of Cand	lidate		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

Candidate/Chairperson:		
Steve		Gallmill
First Name	Middle Name	Last Name
School	Board District	1_1
	Office Sought / Organization	
	my responsibility to read, the following resources av nt Website:	
Contains information on S Florida, County Laws and	ndbook (<u>http://www.miamidade.g</u> State Laws and Handbooks, the l d Handbooks, Qualifying Informat ant Candidate Information, and Re	Election Laws of the State of tion, Electronic Reporting Dates
Contains information on s Florida, County Laws and	dbook (<u>http://www.miamidade.gov</u> State Laws and Handbooks, the l d Handbooks, Electronic Reportin ormation, and Recent Legislative	Election Laws of the State of ng Dates and Procedures,
Acknowledged by:	Hwe Hall Candidate / Chairperson S	n(// Signature
Date: /2-	-1-15	CTI AM
Primary Telephone Numbe	er:oer:	RTM
E-mail address:	ayoung 569 9 yah	100-C (m)

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



X	Candidate (office sought): School Board Distri	ct =	<u>L</u>
	Candidate's Florida Voter Registration Number: 109290264		
	Political Committee:	m _z	20
	Party Executive Committee:	OTIONS	5 DEC -
	Other:	ADE	
I,	Steve Gallmitt (Please print name of Candidate or Chairperson)	ARTMENT	MII: 19
S w 12 re	nderstand that Campaign Treasurer's Reports <u>must</u> be filed electronic upervisor of Elections website by midnight of the day designated in order ith Miami-Dade County requirements. I also acknowledge that Sections 2-21 of the Code of Miami-Dade County regarding the filing of the campa eports with the Supervisor of Elections were recently amended in that or ardcopies are no longer required.	er to co s 12-17 aign fin	mply and ance
C C m	also understand that, in accordance with Section 12-14.1 of the Code of ounty, Florida, candidates running for the Offices of Miami-Dade Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Commissioner (MD-ED 26) to disclose four the Absentee Ballot Campaign Report (MD-ED 26) to disclose four familiary paid campaign workers engaged in absentee ballot activities.	unty Ma unity Co	ayor, uncil
th E	astly, I understand that Section 2.69(e) of the Code of Miami-Dade Country at candidates for Property Appraiser also fill out the Miami-Dade country (MD-ED 19) form for every reporting period if contributions are receptorporation incorporated under the laws of the State of Florida or any other breign country of any partnership or any other legal entity other than a natural	Contrib eived fro state o	uting om a r any
_	Steve Hallower 12-1:	15	
	Signature of Candidate or Chairperson Dat	е	
D	ay Time Telephone Number:		
Α	Iternate Contact Number:		
Е	mail Address: ayoung 5690 yahoo.com		