

**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)
Eileen Higgins

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

2929 SW 3 Ave
Suite 220
Miami, FL 33129

4. Telephone
(305) 333-5399

5. E-mail address
eileen@eileenhiggins.com

6. Office sought (include district, circuit, group number)
County Commission, District 5

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
Maria Kuhn

11. Mailing Address
2929 SW 3 Ave Suite 220 Miami, FL 33129

12. Telephone
(786) 762-4990

13. City
Miami

14. County
Miami-Dade

15. State
FL

16. Zip Code
33129

17. E-mail address
mkuhn@edgecommfl.com

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

19. Name of Bank
Bank of America

20. Address
9101 S. Dixie Highway

21. City
Miami

22. County
Miami-Dade

23. State
FL

24. Zip Code
33143

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
March 1, 2019

26. Signature of Candidate
 Eileen Higgins

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, Maria Kuhn, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

March 1, 2019

Date

Maria Kuhn
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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ELECTIONS

I, Eileen Higgins ,

candidate for the office of Miami-Dade County Commissioner, District 5 ;

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

X *Eileen Higgins*
Signature of Candidate

March 1, 2019
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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ELECTIONS

Candidate/Chairperson:

Eileen

Higgins

First Name

Middle Name

Last Name

Miami-Dade County Commissioner, District 5

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: _____

March 1, 2019

Primary Telephone Number: _____

305-333-5399

Alternate Telephone Number: _____

786-762-4990

E-mail address: _____

eileen@eileenhiggins.com

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



Candidate (office sought): Eileen Higgins
Candidate's Florida Voter Registration Number: 115053834
 Political Committee: _____
 Party Executive Committee: _____
 Other: _____
I, Eileen Higgins

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(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.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person, if applicable.

Eileen Higgins 3/1/19
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 305-333-5399
786-762-4990
Alternate Contact Number: _____
eileen@eileenhiggins.com
Email Address: _____

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