

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

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

(PLEASE PRINT OR TYPE)

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2020 MAR -2 PM 1:55

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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)

WILLIAM CLARK

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

1155 NW 126<sup>th</sup> ST  
MIAMI, FL. 33168

4. Telephone

(305) 342-5864

5. E-mail address

dcclark88@gmail.com

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

MIAMI DADE COUNTY  
COMMISSIONER DISTRICT 2

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

STEPHANA A CLARK

11. Mailing Address

1155 NW 126<sup>th</sup> ST

12. Telephone

(305) 202-8255

13. City

MIAMI

14. County

MIAMI  
DADE

15. State

FL

16. Zip Code

33168

17. E-mail address

STEPHANA CLARK@gmail.com

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

BANK OF AMERICA

20. Address

9190 BISCAYNE BLVD

21. City

MIAMI

22. County

MIAMI  
DADE

23. State

FL

24. Zip Code

33138

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

3/2/20

26. Signature of Candidate

X William Clark

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

I, Stephana Clark, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

3/2/20

Date

X

Stephana Clark  
Signature of Campaign Treasurer or Deputy Treasurer

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WILLIAM CLARK

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

1155 NW 126TH ST  
MIAMI, FL 33168

**4. Telephone**

(305) 342-5864

**5. E-mail address**

declark88@gmail.com

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

MIAMI DADE COUNTY  
COMMISSIONER District 2

**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**

Beverly McCants

**11. Mailing Address**

8420 Sheraton Drive

**12. Telephone**

(954) 558-1012

**13. City**

Miramar

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33025

**17. E-mail address**

bevmccants@yahoo.com

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

**19. Name of Bank**

BANK OF AMERICA

**20. Address**

9190 BISCAYNE BLVD

**21. City**

MIAMI

**22. County**

MIAMI  
DADE

**23. State**

FL

**24. Zip Code**

33138

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**25. Date**

3/2/20

**26. Signature of Candidate,**

X *William Clark*

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

I, Beverly McCants, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

3/2/20

Date

X

*Beverly McCants*

Signature of Campaign Treasurer or Deputy Treasurer

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**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, WILLIAM CLARK  
MIAMI DADE COUNTY  
candidate for the office of COMMISSIONER DISTRICT 2;

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

X William Clark  
Signature of Candidate

2/28/20  
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 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

WILLIAM		CLARK
First Name	Middle Name	Last Name
MIAMI DADE COUNTY		
COMMISSIONER DISTRICT 2		
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: William Clark  
Candidate / Chairperson Signature

Date: 2/28/20

Primary Telephone Number: (305) 342-5864

Alternate Telephone Number: (305) 202-3255

E-mail address: STEPHANAClark@gmail.com

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



MIAMI DADE COUNTY  
 Candidate (office sought): COMMISSIONER DISTRICT 2  
Candidate's Florida Voter Registration Number: 109181148  
 Political Committee: \_\_\_\_\_  
 Party Executive Committee: \_\_\_\_\_  
 Other: \_\_\_\_\_  
I, WILLIAM CLARK

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ELECTIONS DEPARTMENT

*(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.

William Clark 3/2/20  
Signature of Candidate or Chairperson Date

Day Time Telephone Number: (305) 342-5864

Alternate Contact Number: (305) 202-3255

Email Address: dcclark889@gmail.com

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