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

officer before opening the campaign account.	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES):		
☑ Initial Filing of Form Re-filing to Change: ☐ T	Treasurer/Deputy Depository Office Party	
2. Name of Candidate (in this order: First, Middle, Last) Stan Thompkins 4. Telephone 5. E-mail address	3. Address (include post office box or street, city, state, zip code) 14452 SW 104 Place	
(305) 989-7486 Stanthom@live.		
	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.	
8. If a candidate for a <u>partisan</u> 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 Stanley Thompkins 11. Mailing Address 12. Telephone		
14452 SW 104 flace	12. Telephone (305) 939 - 7486	
13. City 14. County 15. Sta Miami Dade PL	the same of the sa	
18. I have designated the following bank as my Primary Depository Secondary Depository		
19. Name of Bank Centur State Bank 20. Address 18765 Si Dixie Highway 21. City 22. County 23. State 24. Zip Code		
21. City 22. County Mami - Sade	23. State 24. Zip Code 3315 7	
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. Signature of Candidate	
June 5, 2020	X Stort Shornsh	
27. Treasurer's Acceptance of Appointment	t (fill in the blanks and check the appropriate block)	
I, Stanley Thompkins (Please Print or Type Name)	, do hereby accept the appointment	
designated above as: Campaign Treasurer Deputy Treasurer.		
Date X Start Shangsum Signature of Campaign Treasurer or Deputy Treasurer		

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

Stanley Thomnkins

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i, otaliley momphilis		
candidate for the office of	Community Council 14 sub-area 141	
have been provided access to read and understand the requirements of		
Chapter 106, Florida Statutes.		
XXX Stomp	June 5, 2020	
Signature of Ca	ndidate 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 RECEIVED Election Laws of the State of Florida 2020 JUN -8 PM 2: 41

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT Candidate/Chairperson: **Thompkins** Stanley Middle Name Last Name First Name Area Community Council District 14 Sub area 141 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: andidate / Chairperson Signature Date: June 5, 2020 305 989-7486 **Primary Telephone Number:** 305 254-3471 Alternate Telephone Number: E-mail address: stanthom@live.com

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



Area	
Candidate (office sought): Community Council District 14 sub area	a 141
Candidate's Florida Voter Registration Number: 109188639	E 20
Political Committee:	EN SON
Party Executive Committee:	95 × 0
Other:	SADE V
I, Stanley Thompkins	PAR PAR
(Please print name of Candidate or Chairperson) understand that Campaign Treasurer's Reports <u>must</u> be filed electron Elections website by midnight of the day designated in order to comprequirements. I also acknowledge that Sections 12-17 and 12-21 of the regarding the filing of the campaign finance reports with the Supervisor amended in that original signed hardcopies are no longer required.	oly with Miami-Dade County Code of Miami-Dade County
I also understand that, in accordance with Section 12-14.1 of the Corlorida, candidates running for the Offices of Miami-Dade County May Appraiser, Clerk of the Circuit Courts, and Community Council must Campaign Report (MD-ED 26) to disclose the names of paid campaign mail ballot activities, if applicable.	yor, Commissioner, Property now file the Vote by Mail
Additionally, I understand that, in accordance with Sections 12-14.2 at Miami-Dade County, Florida, Miami-Dade County Elected Officers and Offices of Miami-Dade County Mayor, Commissioner, Property Appraise and Community Council must now file the Reporting of Solicitation Committees, Electioneering Communications Organizations, 501(c)(4) Parties (MD-ED 28) to publicly disclose when they commence solic Committees, Electioneering Communications Organizations, Political Organizations, if applicable.	I Candidates running for the r, Clerk of the Circuit Courts, of Contributions for Political Organizations and Political citation activities for Political
Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade Cofor Property Appraiser also fill out the Miami-Dade county Contributing every reporting period if contributions are received from a corporation in the State of Florida or any other state or any foreign country of any pentity other than a natural person, if applicable.	g Entity (<u>MD-ED 19</u>) form for acorporated under the laws of
Signature of Candidate or Chairperson	Date
•	
Day Time Telephone Number: 305 989-7486	
Alternate Contact Number: 305 254-3471	
Email Address: stanthom@live.com	

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