

**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 JUN -9 AM 9:24

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)

Marvin D. Wilson, Sr.

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

4. Telephone

(786) 218-0897

5. E-mail address

Marvindwilsonsr@yahoo.com

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

SUB AREA

Community Council Area 15-154

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

Trina Askew

11. Mailing Address

12. Telephone

(786) 610-8950

13. City

14. County

15. State

16. Zip Code

17. E-mail address

Trinaaskew@hotmail.com

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

19. Name of Bank

WELLS FARGO

20. Address

17401 SW 97 AVE

21. City MIAMI

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33157

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

6/5/20

26. Signature of Candidate

X

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

I, Trina Askew, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer

6/5/20

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

MARVIN D. WILSON, SR

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

4. Telephone

(786) 218-0897

5. E-mail address

MARVIN D WILSON SR @ YAHOO.COM

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

Community Council Area 15 Sub Area 154

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☐ My intent is to run as a Write-In candidate.

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☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

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10. Name of Treasurer or Deputy Treasurer

MARVIN D. WILSON, SR

11. Mailing Address

12. Telephone

(786) 218-0897

13. City

14. County

15. State

16. Zip Code

17. E-mail address

MARVIN D WILSON SR @ YAHOO.COM

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

19. Name of Bank

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20. Address

17401 SW 97 AVENUE

21. City

MIAMI

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FL

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25. Date

6/9/20

26. Signature of Candidate

X 

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

I, MARVIN D. WILSON, SR, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

6/9/20

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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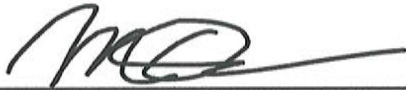
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Marvin D. Wilson, Sr.,

candidate for the office of Sub Area Community Council Area 15-154 ;

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

X



Signature of Candidate

6/5/20

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).



Access to Handbook and the
Election Laws of the State of Florida

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

Marvin D. Wilson, Sr.

First Name

Middle Name

Last Name

SUB AREA

Community Council Area 15-154

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: 6/ 5/ 20

Primary Telephone Number: 786-218-0897

Alternate Telephone Number: _____

E-mail address: Marvindwilsonsr@yahoo.com

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



☒ Candidate (office sought): Community Council Area 15-154

Candidate's Florida Voter Registration Number: 109340375

☐ Political Committee: _____

☐ Party Executive Committee: _____

☐ Other: _____

I, Marvin D. Wilson, Sr.

(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.

Signature of Candidate or Chairperson

6/ 5/ 2019

Date

Day Time Telephone Number: (786) 218-0897

Alternate Contact Number: N/A

Email Address: Marvindwilsonsr@yahoo.com

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