

Castro, Wilfred (Elections)

From: Don Morrison <dviikingfan@bellsouth.net>
Sent: Friday, June 12, 2020 2:11 PM
To: Qualifying Documents (Elections)
Subject: Tree Island Estates community Developments Disteict

Follow Up Flag: Follow up
Flag Status: Flagged

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



Candidate/Chairpers

RESET FORM

ACKNOWLEDGEMENT FOR CANDIDATES
WITH THE OPTION TO OPEN A CAMPAIGN ACCOUNT

MIAMI-DADE
COUNTY

(Community Development District and South Dade Soil and Water Conservation District)

Name: Donville Morrison
(Print name of Candidate)

Address: 15319 SW 24 Street Miami FL 33185
(Include street, city, state, zip code)

Office Sought:

- ☒ Community Development District: Tree Island Estates
☐ South Dade Soil and Water Conservation - Group: _____

Campaign Account:

☐ I AM going to open a campaign account during my candidacy.

(Print name of Candidate)
understand that, before opening a campaign account, I am required to file all the requisite forms for this office with the Elections Department. I also understand that a Campaign Treasurer's Report must be filed electronically via the Supervisor of Elections website at www.miamidade.gov/elections/campaignreports by midnight on the day designated as per F.S. 106.0702(1) and in order to comply with Miami-Dade County requirements.

OR

☒ I AM NOT going to open a campaign account during my candidacy.

I, Donville Morrison
(Print name of Candidate)
will not be opening a campaign account. However, I understand that, in the event I choose to do so at a later date, I am required to file the requisite forms for this office with the Elections Department before opening the account. I also understand that a Campaign Treasurer's Report must be filed electronically via the Supervisor of Elections website at www.miamidade.gov/elections/campaignreports by midnight on the day designated as per F.S. 106.0702(1) and in order to comply with Miami-Dade County requirements.

[Signature]
Signature of Candidate

6-11-2020
Date

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a
write-in candidate:☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Donville Morrison(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)am a candidate for the nonpartisan office of Tree Island Estates Community Development District
(Office) (District #)
5 ; I am a qualified elector of Miami Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 110062929

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X

Signature of Candidate

(305) 815-9331

Telephone Number

donvillefan@gmail.com

Email Address

19319 SW 24 Street

Address

Miami

City

FL

State

33185

ZIP Code

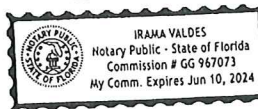
STATE OF FLORIDA

COUNTY OF Miami-DadeSworn to (or affirmed) and subscribed before me by physical ☒ oronline 12th day of June, 2020Personally Known: ☐ or Produced Identification: ☒Type of Identification Produced: FL DL

DS-DE 302NP (Rev. 04/20)

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



Rule 15-2.0001, F.A.C.



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

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ELECTIONS DEPARTMENT

Candidate/Chairperson:

Donville Ryan Morrison
First Name Middle Name Last Name

Tree Island Estates Community Developments District
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: _____

[Signature]
Candidate / Chairperson Signature

Date: 6.11.2020

Primary Telephone Number: (305) 815-9331

Alternate Telephone Number: _____

E-mail address: dvikingfan@gmail.com



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Election Laws of the State of Florida

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

Donville Ryan Morrison
First Name Middle Name Last Name

Tree Island Estates Community Developments District
Office Sought / Organization

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- ☐ 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.

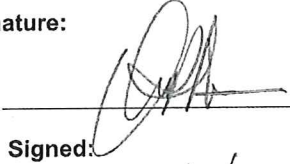
Acknowledged by: [Signature]
Candidate / Chairperson Signature

Date: 6.11.2020

Primary Telephone Number: (305) 815-9331

Alternate Telephone Number: _____

E-mail address: duikingfan@gmail.com

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions) (If you have nothing to report, write "none" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
None	None	
None	None	
PART E — LIABILITIES (Major debts - See instructions) (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
None	None	
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions) (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	None	N/A
ADDRESS OF BUSINESS ENTITY	None	N/A
PRINCIPAL BUSINESS ACTIVITY	None	N/A
POSITION HELD WITH ENTITY	None	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	None	N/A
NATURE OF MY OWNERSHIP INTEREST	None	N/A
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.		
<input checked="" type="checkbox"/> I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.		
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE <input type="checkbox"/>		
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY
Signature:  Date Signed: 6/11/2020		If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct. CPA/Attorney Signature: _____ Date Signed: _____
FILING INSTRUCTIONS:		
<p>If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.</p> <p>Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.</p> <p>State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.</p> <p>Candidates file this form together with their filing papers.</p> <p>MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p>WHEN TO FILE: <i>Initially</i>, each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <i>not</i> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.</p>		

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