

**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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2022 APR 11 AM 9:32

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)

**Carroll Kelly**

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

175 NW 1st Ave. Ste. 1650  
Miami, Fl. 33128

**4. Telephone**

(305 ) 349-5703

**5. E-mail address**

ckelly33133@me.com

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

Miami-Dade County, 11th Judicial Circuit  
County Court Judge, Group 23

**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**

**Betty Rodriguez**

**11. Mailing Address**

**14902 SW 11th St.**

**12. Telephone**

(305 ) 970-0333

**13. City**

**Miami**

**14. County**

**Miami-Dade**

**15. State**

**Fl.**

**16. Zip Code**

**33194**

**17. E-mail address**

**Brod9396@gmail.com**

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

**19. Name of Bank**

**Wells Fargo**

**20. Address**

**1699 Coral Way**

**21. City**

**Miami**

**22. County**

**Miami-Dade**

**23. State**

**Fl.**

**24. Zip Code**

**33145**

**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**

**4/8/22**

**26. Signature of Candidate**

**X** *Carroll Kelly*

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

I, **BETTY Rodriguez**, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

**4/8/22**  
Date

**X**

**Betty Rodriguez**  
Signature of Campaign Treasurer or Deputy Treasurer

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

CARROLL KELLY

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

175 NW 1st Ave  
Ste 1650  
Miami, FL 33128

**4. Telephone**

(305) 349-5703

**5. E-mail address**

ckelly33133@me.com

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

Miami Dade County Court Judge  
Group 23 - 11th Judicial Circuit

**7. If a candidate for a nonpartisan office, check if applicable:**

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**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.

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**10. Name of Treasurer or Deputy Treasurer**

Carrroll Kelly

**11. Mailing Address**

14902 SW 11th St

**12. Telephone**

(305) 986-1990

**13. City**

Miami

**14. County**

Miami Dade

**15. State**

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**25. Date**

4/11/22

**26. Signature of Candidate**

X Carrroll Kelly

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

I, CARRROLL KELLY, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

4/11/22

Date

X

Carrroll Kelly

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, Carroll Kelly \_\_\_\_\_ ,

candidate for the office of Miami-Dade County, County Court Judge, Group 23 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Carroll Kelly  
Signature of Candidate

4/8/22  
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:

Carroll

Kelly

First Name

Middle Name

Last Name

Miami-Dade County, County Court Judge, Group 23

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

(https://www.miamidade.gov/global/elections/candidate-qualifying-handbook.page )

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

(https://www.miamidade.gov/global/elections/political-committee-resources.page)

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:

Carroll Kelly

Candidate / Chairperson Signature

Date: 4/8/22

Primary Telephone Number:

305-986-1990

Alternate Telephone Number:

305-970-0333

E-mail address:

ckelly33133@me.com

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



Candidate (office sought): Miami-Dade County, County Court Judge, Group 23

Candidate's Florida Voter Registration Number: 109238166

Political Committee: \_\_\_\_\_

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, Carroll Kelly

*(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.

Carroll Kelly

Signature of Candidate or Chairperson

04/08/2022

Date

Day Time Telephone Number: 305-986-1990

Alternate Contact Number: 305-970-0333

Email Address: ckelly33133@me.com

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