

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

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

(PLEASE TYPE)

**OFFICE USE ONLY**

RECEIVED  
2009 NOV 13 PM 4:18  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate <b>FLORENECE "FLOMO" MOSS</b>	1. Address (include post office box or street, city, state, zip code) <b>1250 NE 125 ST #420 NORTH MIAMI, FL. 33161</b>
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Telephone (optional) <b>(786) 326-5055</b>	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) <b>MIAMI DADE COUNTY COMMISSION #2</b>
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I have appointed the following person to act as my  Campaign Treasurer       Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer  
**GABRIEL MENDOZA**

5. Mailing Address (If post office box or drawer add street address) <b>555 NE 15 ST #403</b>	6. Telephone <b>305-588-0124</b>
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7. City <b>MIAMI</b>	8. County <b>DADE</b>	9. State <b>FL</b>	10. Zip Code <b>33132</b>
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I have designated the following named bank as my  Primary Depository       Secondary Depository

11. Name of Bank <b>Bank Atlantic</b>	12. Street Address <b>12655 NE 6 Ave</b>
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13. City <b>North Miami</b>	14. County <b>Miami-Dade</b>	15. State <b>FL</b>	16. Zip Code <b>33161</b>
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17. Signature of Candidate <b>X Florence R. Moss</b>	Date <b>11/13/2009</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, **GABRIEL MENDOZA**, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer       Deputy Treasurer      for the campaign of **FLORENECE "FLOMO" MOSS**

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of \_\_\_\_\_  
(Party)

**MIAMI DADE COUNTY COMMISSION DISTRICT 2**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

**11/13/2009**      **X** **G. Mendoza**  
Date      Signature of Campaign Treasurer or Deputy Treasurer

STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES  
(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

RECEIVED  
2009 NOV 13 PM 4:40  
ELECTIONS DIVISION

CHECK APPROPRIATE BOX:

Original Appointment  Deputy Treasurer  Reappointment of Treasurer

Name of Candidate: Florence "FLOMO" Moss  
1. Address (include post office box or street, city, state, zip code): 1250 NE 125th St., #420 North Miami, FL 33161

Telephone (optional): (786) 326 5055  
2. Party (Partisan candidates only):  
3. Office (add district, circuit, group number): Miami Dade County Commissioner Dist 2

I have appointed the following person to act as my  Campaign Treasurer  Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer: Florence R. Moss

5. Mailing Address (If post office box or drawer add street address): 1250 NE 125th Street, #420  
6. Telephone: 786 326 5055

7. City: North Miami  
8. County: Miami-Dade  
9. State: FL  
10. Zip Code: 33161

I have designated the following named bank as my  Primary Depository  Secondary Depository

11. Name of Bank: Bank Atlantic  
12. Street Address: 12655 NE 6th Ave

13. City: North Miami  
14. County: Miami-Dade  
15. State: FL  
16. Zip Code: 33161

17. Signature of Candidate: *X Florence R. Moss*  
Date: 11/13/2009

Campaign Treasurer's Acceptance of Appointment

I, Florence R. Moss, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of Florence "FLOMO" Moss

who is seeking nomination or election as a \_\_\_\_\_ candidate to the office of  
(Party)  
Miami-Dade County Commissioner District 2

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

11/13/2009 Date *X Florence R. Moss* Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

RECEIVED  
MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

09 MAY 12 PM 3:56

I, Florence "FLOMO" Moss

candidate for the office of County Commission Dist 2 ;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Florence R. Moss  
Signature of Candidate

5/12/2009  
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).

Receipt of Handbook and the  
Election Laws of the State of Florida



Candidate/Chairperson:

Florence

First Name

Roshawn

Middle Name

Moss

Last Name

Miami-Dade County Commission District 2

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by:

Florence R. Moss

Candidate/Chairperson Signature

Date:

15 June 2010

Phone No.:

786-326-5055

Fax No.:

-

E-mail address:

florence.moss@gmail.com

2010 JUN 15 AM 11:56

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



- Candidate (office sought): Miami-Dade County Commission District 2
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

I, Florence R. Moss  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Florence R. Moss 15 June 2010  
Signature of Candidate or Chairperson Date

Day Time Telephone No: 786-326-5055

Email Address: florencemoss@gmail.com

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*

**LOYALTY OATH FOR MIAMI-DADE COUNTY  
COUNTY COMMISSIONER**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

2010 JUN 15 AM 11:35

I, <u>Florence</u>	<u>R.</u>	<u>Moss</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Florence "FLOMO" Moss

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Miami-Dade County Commissioner District 2

I am a qualified elector of **Miami-Dade County**, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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.

**CANDIDATE CERTIFICATION**

I, hereby, certify that I am a qualified elector of Miami-Dade County, and that I have been a resident elector of Miami-Dade County for at least three (3) years and resident of the District at least six (6) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- driver's license       property tax receipt       homestead exemption receipt  
 utility bill       lease agreement

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.**

**X** Florence R. Moss      786-326-5055      florence.moss@gmail.com

Signature of Candidate      Daytime Telephone Number      Email Address

1250 NE 125th Street, #420, North Miami, Florida      33161

Address      City      State      Zip Code

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida,  
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 15<sup>th</sup> day of June, 20010 by  
Florence R. Moss.

Personally Known: \_\_\_\_\_ or  
Produced Identification: ✓

Type of Identification Produced:  
FL Drivers License

Eric R. Powers  
Signature of Notary Public – State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public



