

Copy

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

OFFICE USE ONLY

RECEIVED
MIAMI-DADE
ELECTIONS
2009 JUN 30 AM 9:12

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate
Dorrin Delano Rolle

1. Address (include post office box or street, city, state, zip code)
1001 NW 90th Street Miami, FL 33150

Telephone (optional)
()

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)
County Commission District 2

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

4. Name of Treasurer or Deputy Treasurer
Andrea E. Young

5. Mailing Address (If post office box or drawer add street address)
2225 NW 177th Terr

6. Telephone
786-301-9557

7. City
Miami Gardens

8. County
Dade

9. State
Florida

10. Zip Code
33056

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

11. Name of Bank
Washington Mutual

12. Street Address
5800 NW 7th Ave

13. City
Miami

14. County
Dade

15. State
Florida

16. Zip Code
33127

17. Signature of Candidate
X Dorrin D. Rolle

Date
6/29/09

Campaign Treasurer's Acceptance of Appointment

I, Andrea E. Young, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Dorrin D. Rolle

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

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.

6/29/09
Date

X Andrea E. Young
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)


OFFICE USE ONLY

I, Dorrian Delano Rolle,
candidate for the office of County Commission District 2

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

2009 JUN 25 AM 11:00
MIAMI-DADE
ELECTIONS

RECEIVED

X 
Signature of Candidate

6/09/09
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:

Dorrin Delano Rolle

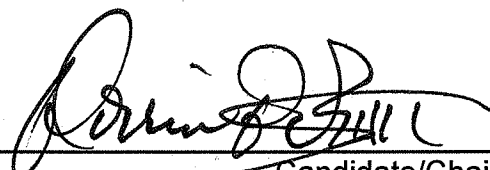
 First Name Middle Name Last Name

Miami-Dade County Commissioner 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by: 
 Candidate/Chairperson Signature

Date: 6/7/2010

Phone No.: (305 696-6951)

Fax No.: 305 696-6953

E-mail address: rollingwithrolle@yahoo.com

RECEIVED
 2010 JUN -9 AM 9:34
 OFFICE OF THE
 COUNTY CLERK
 MIAMI-DADE COUNTY

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



Candidate (office sought): Miami-Dade County Commissioner District 2

Political Committee: _____

Party Executive Committee: _____

Other: _____

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2010 JUN 19 AM 9:34
ELECTIONS DEPARTMENT

I, Dorrin Delano Rolle
(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.


Signature of Candidate or Chairperson

6/7/2010
Date

Day Time Telephone No: _____ (305) 696-6951

Email Address: rollingwithrolle@yahoo.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)

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2010 JUN -9 AM 9:34

STATE OF FLORIDA Miami-Dade County

I,	Dorrin	Delano	Rolle
	<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>

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, Dorrin D. Rolle

(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

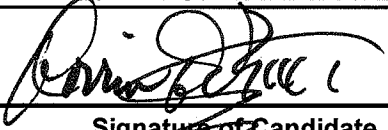
I am a qualified elector of **Miami-Dade County**, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term 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		786-202-7346	
	<small>Signature of Candidate</small>	<small>Daytime Telephone Number</small>	<small>Email Address</small>

1001 NW 90 Street	Miami	Florida	33150
<small>Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>


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 7th day of June, 2010 by
DORRIN D. ROLLE

Personally Known: _____ or
Produced Identification: _____

Type of Identification Produced:



Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



ELDA A. GREEN
MY COMMISSION # DD991813
EXPIRES: October 08, 2013
Fl. Notary Discount Assoc. Co.
1-800-3-NOTARY



OFFICIAL RECEIPT
MIAMI-DADE COUNTY - FLORIDA

No. 6411480

RECEIVED FROM Affected Old Town D. Rolfe DATE 6 / 8 / 2010

ADDRESS 1501 NW 90 Street STREET ADDRESS
Miami CITY FL STATE 33150 ZIP

AMOUNT OF: Five hundred SIXTY DOLLARS, AND zero CENTS TOTAL \$ 360. 00

FOR PAYMENT OF: Qualifying Fee For Conf. Commission District 2

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Sections BY: [Signature]

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

1050

**CAMPAIGN TO RE-ELECT
DORRIN D. ROLLE**
1001 NW 90TH ST.
MIAMI, FL 33150-2342

DATE June 4, 2010

63-8413/2670

PAY TO THE ORDER OF Board of County Commissioners \$ 360.00

Three hundred sixty and 00/100 DOLLARS

FOR Qualifying Fee

Washington Mutual Bank
Miami/Eaton Financial Center 1721
5880 NW 7 Avenue
Miami, FL 33127
800-788-7000
24-hour Customer Service

WaMu
Member FDIC

Special Finance
Branch of Bank