

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

(PLEASE PRINT OR TYPE)

**OFFICE USE ONLY**

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2010 APR 22 PM 2:33

ELECTIONS DEPARTMENT

**1. CHECK APPROPRIATE BOX:**

Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

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

Lisa Sharon Walsh

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

1555 Biscayne Boulevard  
Room 207  
Miami, Florida 33160

**4. Telephone** (optional)

(      )

**5. E-mail address** (optional)

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

County Court -- Group 31

*Judge*

**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**

Cori Lopez-Castro

**11. Mailing Address** (If post office box or drawer, also include street address)

2525 Ponce de Leon Boulevard    *9th Floor*

**12. Telephone**

( 305 ) 372-1800

**13. City**

Coral Gables

**14. County**

Miami-Dade

**15. State**

Florida

**16. Zip Code**

33134

**17. E-mail address** (optional)

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

**19. Name of Bank**

Sabadell-United Bank (FKA BNY Mellon)

**20. Street Address**

1111 Brickell Avenue

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

Florida

**24. Zip Code**

33131

**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**

*4/22/10*

**26. Signature of Candidate**

*X* 

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

I, Cori Lopez-Castro, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

*4/20/10*

Date

*X*

Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
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Lisa Sharon Walsh

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15555 Biscayne Boulevard  
Room 207  
Miami, Florida 33160

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(      )

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County Court Judge -Group 31

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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**

Barry Mukamal

**11. Mailing Address** (If post office box or drawer, also include street address)

One SE Third Avenue, 10th Floor

**12. Telephone**

(      )

**13. City**

Miami

**14. County**

Miami-Dade

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33131

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**25. Date**

4/20/10

**26. Signature of Candidate**

X 

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

I, Barry Mukamal, do hereby accept the appointment  
(Please Print or Type Name)

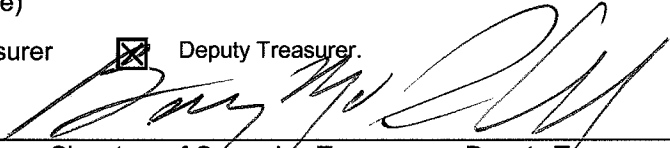
designated above as:

Campaign Treasurer     Deputy Treasurer.

4/20/10

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
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ELECTIONS DEPARTMENT

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Lisa Sharon Walsh

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

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Room 207  
Miami, Florida 33160

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(      )

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

County Court Judge -Group 31

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

Lisa Sharon Walsh

**11. Mailing Address** (If post office box or drawer, also include street address)

c/o Cori Lopez-Castro, Treasurer, 2525 Ponce De Leon 9th Floor

**12. Telephone**

( 305 ) 372-1800

**13. City**

Coral Gables

**14. County**

Miami-Dade

**15. State**

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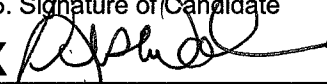
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**25. Date**

4/20/10

**26. Signature of Candidate**

X 

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

I, Lisa Sharon Walsh, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

4/20/10

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE  
FOR JUDICIAL OFFICE**

(Section 105.031(5), F.S.)

(Please Type)

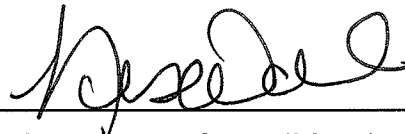
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ELECTRONIC DEPOSIT

I, Lisa Sharon Walsh

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.



(Signature of candidate)

4/20/10

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

**STATEMENT OF  
CANDIDATE**

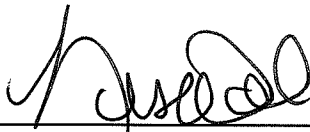
(Section 106.023, F.S.)  
(Please Type)

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FLORIDA  
ELECTIONS DEPARTMENT

I, Lisa Sharon Walsh,  
candidate for the office of County Court Judge -- Group 31;  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X   
Signature of Candidate

4/20/10  
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).

**JUDICIAL OFFICE LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

COUNTY OF Miami-Dade

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CLERK OF THE  
ELECTIONS DEPARTMENT

I,	<b>Lisa</b>	<b>Sharon</b>	<b>Walsh</b>
	First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [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.

**Important:** If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

**OATH OF CANDIDATE**

(Section 105.031, Florida Statutes)

I, Lisa Sharon Walsh  
(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 judicial office of County Court Judge, 11th,  
(office) (district) (circuit)

31; my legal residence is Miami-Dade County, Florida; I am a qualified elector  
(group)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; by executing this form, I have taken the oath required by ss. 876.05 – 876.10, Florida Statutes; 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.

X [Signature] (305) 354-8772 lwalsh@jud11.flcourts.org  
Signature of Candidate Telephone Number Email Address

15555 Biscayne Boulevard Miami Florida 32160  
Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 20<sup>th</sup> day of APRIL, 2010.

Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public – State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public





Miami-Dade Supervisor of Elections  
 2700 NW 87<sup>th</sup> Avenue  
 Miami, FL 33172 (305) 499-8400

**RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK**

**Candidate:**

Lisa                      Sharon                      Walsh  
 First Name                      Middle Name                      Last Name

**Office:** County Court Judge Group 31

This is to acknowledge my receipt of the following documents:

**The Election Laws of the State of Florida as of August 2008**

- Downloaded from Internet
- CD Rom

**Miami-Dade County Qualifying Handbook as of March 27, 2009**

- Downloaded from Internet
- CD Rom
- Other \_\_\_\_\_

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 ELECTIONS

**Received by:** [Signature]  
 Candidate Signature

**Date:** 8/31/09

**Phone No.:** (305) 354-8772 **Fax No.:** (305) 354-8788

**E-mail address:** lwalsh@jud11.flcourts.org

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



- Candidate (office sought): County Court Judge--Group 31
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

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ELECTIONS DEPT  
MIAMI

I, Lisa Sharon Walsh  
*(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.

      4/20/10  
Signature of Candidate or Chairperson      Date

Day Time Telephone No: 305-354-8772

Email Address: lisasharonwalsh@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.*



