

**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**

2009 NOV -5 AM 11:46

FLORIDA  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate <b>DARRIN G. ELLIS</b>	1. Address (include post office box or street, city, state, zip code) <b>10875 S.W. 216th Courts, Ft. 33170</b>
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Telephone (optional) <b>(786) 488-6164</b>	2. Party (Partisan candidates only) <b>MAYOR</b>	3. Office (add district, circuit, group number) <b>MAYOR</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  
**STANFORD W. ELLIS**

5. Mailing Address (If post office box or drawer add street address) <b>11905 SW 216th</b>	6. Telephone <b>786-488-6164</b>
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7. City <b>MIAMI</b>	8. County <b>DADE</b>	9. State <b>FL.</b>	10. Zip Code <b>33170</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>15725 S. Dixie Highway</b>		
13. City <b>PALMETTO BAY</b>	14. County <b>DADE</b>	15. State <b>FLA.</b>	16. Zip Code <b>33157</b>

17. Signature of Candidate <b>X [Signature]</b>	Date <b>11-04-09</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, STANFORD ELLIS, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer       Deputy Treasurer      for the campaign of DARRIN G. ELLIS

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

MAYOR

**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.**

11/04/09  
Date

**X** [Signature]  
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.)

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2009 NOV -5 AM 11:46  
FLORIDA  
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate: DARRIN G. ELLIS      1. Address (include post office box or street, city, state, zip code): 10875 S.W. 216st, Coonhills, FL 33170

Telephone (optional): (786) 498-6164      2. Party (Partisan candidates only):      3. Office (add district, circuit, group number): MAYOR

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

4. Name of Treasurer or Deputy Treasurer: DARRIN G. ELLIS

5. Mailing Address (If post office box or drawer, add street address): 10875 S.W. 216st Apt 624      6. Telephone: 786-293-2661

7. City: MIAMI      8. County: DADE      9. State: FLA.      10. Zip Code: 33170

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

11. Name of Bank: BANK ATLANTIC      12. Street Address: 15725 S. DIXIE Highway

13. City: PALMETTO BAY      14. County: DADE      15. State: FLA.      16. Zip Code: 33157

17. Signature of Candidate: X [Signature]      Date: 11-4-09

**Campaign Treasurer's Acceptance of Appointment**

I, DARRIN ELLIS, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of DARRIN ELLIS

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

MAYOR

**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.**

11-04-09  
Date

X [Signature]  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY  
RECEIVED

2009 NOV -5 AM 11:46

STATE OF FLORIDA  
ELECTIONS DEPARTMENT

I, DARRIN G. ELLIS,

candidate for the office of MAYOR;

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

Florida Statutes.

X

D G Ellis

Signature of Candidate

11-04-09

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).



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

I, DARRIN G. ELLIS, candidate for the office of MAYOR, understand the Miami-Dade County policy regarding the submittal of Campaign Treasurer's Reports for Candidates who qualify with the Miami-Dade County Elections Department.

In order to comply with the requirement, I understand that Campaign Treasurer's Reports must be filed electronically. A hard copy must then be printed from the Miami-Dade County Elections website, contain original signatures, and be submitted by the reporting deadline.

DGE

Signature of Candidate

11-05-09

Date

RECEIVED  
 2009 NOV -5 PM 12:03  
 ELECTIONS DEPARTMENT

Day Time Phone No.: 286-488-6164

Email Address: \_\_\_\_\_

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



**MIAMI-DADE COUNTY**  
**IRREVOCABLE STATEMENT**  
**AND APPLICATION FOR ELECTION**  
**CAMPAIGN FINANCING TRUST FUND**

For Participation in  
 Initial and Runoff Elections

(PLEASE TYPE OR USE BLUE INK)

RECEIVED  
 2009 DEC -8 AM 10:25  
 ELECTIONS ADMINISTRATION

1. Name of Candidate (First Name, Middle Initial, Last Name) DARRIN G. ELLIS	2. Address (include post office box or street, city, state, zip code) 10875 S.W. 216 St. Goulds, FL 33120
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3. Telephone (optional) (786) 244-6164	4. E-mail address: D.ELLIS75@gmail.com	5. Fax: ( )
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6. Office <input checked="" type="checkbox"/> Miami-Dade County Mayor <input type="checkbox"/> Miami-Dade County Commissioner	7. (District number if applicable)
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8. I am a qualified candidate pursuant to Chapter 99, Florida Statutes and Section 2.04 of the Miami-Dade Home Rule Charter. I acknowledge that I have read, understand and agree to comply with the requirements of Section 12-22 of the Code of Miami-Dade County. I have signed the Public Financing Acknowledgement Statement.

I desire to receive contributions from the Miami-Dade Election Campaign Financing Trust Fund.

- a) I agree to abide by the expenditure limits provided Subsection (e)(1).
- b) I agree to limit loans or contributions from my personal funds to \$25,000, which loans or contributions shall not qualify for meeting the threshold amounts in Subsection (d)(3).
- c) I agree to submit to audits of the campaign account by the Commission on Ethics and Public Trust as provided in Subsection (f)(3).
- d) As a candidate for County Commissioner receiving **Public Funds**, I agree to submit at least 300 but not over 360 separate contributions between \$100 and \$500 from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$30,000 as per Subsection (c)(5)a. At least 50% of the contributions are from my district (for the 2006 election cycle).
- e) As a candidate for Mayor receiving **Public Funds**, I agree to submit at least 1,500 but not over 1,800 contributions between \$100 and \$500 dollars from different registered voters residing in Miami-Dade County or Businesses located in Miami-Dade County totaling at least \$150,000 as per Subsection (c)(5)b.

9. Signature of Candidate X	10. Date 12-8-09
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**Request for Funds**

Please choose **one** of the following options:

I hereby request to have my contribution from the Election Campaign Financing Trust Fund deposited by electronic funds transfer into the following account:

Name of Receiving Financial Institution: BANK Atlantic	ABA #: 
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Name of Beneficiary Account: Campaign Account of	Beneficiary Account #: 
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I hereby request to have my contribution from the Election Campaign Financing Trust Fund in the form of a check made payable to:

Campaign Account of DARRIN G. ELLIS  
 Name of Candidate

12-08-09  
 Date

X   
 Signature of Candidate



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:**

DARRIN                      GEORGE                      ELLIS  
 First Name                      Middle Name                      Last Name

**Office:** MAYOR

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 2010**

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

RECEIVED  
 2010 JAN -7 PM 1:37  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

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

**Date:** 1-7-10

**Phone No.:** 305-510-9144      **Fax No.:** \_\_\_\_\_

**E-mail address:** DGEllis75@gmail.com