

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

RECEIVED

2010 MAR 12 AM 8:44

STATE OF FLORIDA
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)

Jean Monestime

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

12794 West Dixie Highway, North Miami, FL 33161

4. Telephone (optional)

(305) 970-7088

5. E-mail address (optional)

jeamo@aol.com

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

County Commission District 2

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

Aland Pierre-Canel, CPA

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

12794 West Dixie Highway, North Miami, FL 33161

12. Telephone

(305) 892-8565

13. City

North Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33161

17. E-mail address (optional)

apcpa1105@gmail.com

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

19. Name of Bank

Bank of America

20. Street Address

9405 NE 2nd avenue

21. City

North Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33138

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

3/11/10

26. Signature of Candidate



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

I, Aland Pierre-Canel, CPA, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/11/2010

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 PRINT OR TYPE)

OFFICE USE ONLY

2010 JUN -3 AM 10:49

MIAMI-DADE
ELECTIONS

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

JEAN MONESTIME

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

12794 West Dixie Hwy. North Miami, FL 33161

4. Telephone (optional)

(305) 970-7088

5. E-mail address (optional)

jeamo@aol.com

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

Miami-Dade County Commission District 2

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

Mac-Kinley Lauriston

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

12794 West Dixie Hwy

12. Telephone

(754) 423-8429

13. City

North Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33161

17. E-mail address (optional)

Lauristonm@hotmail.com

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19. Name of Bank

Bank of America

20. Street Address

9405 NE 2 Avenue

21. City

Miami Shores

22. County

Miami-Dade

23. State

FL

24. Zip Code

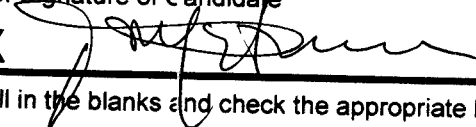
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25. Date

4/3/10

26. Signature of Candidate



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

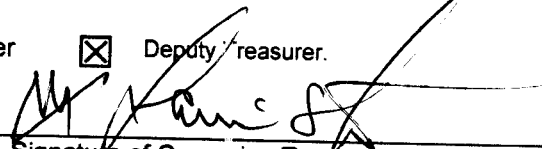
I, MAC-KINLEY LAURISTON, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

5/31/10

Date


Signature of Campaign Treasurer or Deputy Treasurer

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

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ELECTORAL
ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

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

Jean Monestime

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

12794 West Dixie Highway. North Miami, FL 33161

4. Telephone (optional)

(305) 970-7088

5. E-mail address (optional)

jeamo@aol.com

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

County Commission District 2

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

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Jean Monestime

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12. Telephone

(305) 970-7088

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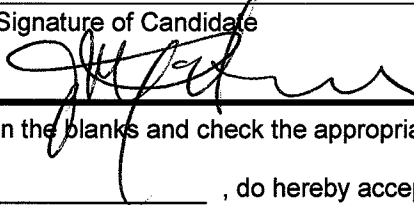
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25. Date

3/11/10

26. Signature of Candidate



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

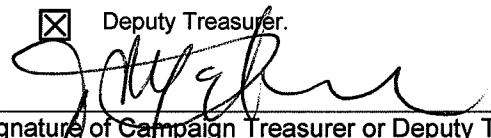
I, Jean Monestime, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

3/11/10
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

2010 MAR 12 AM 8:44

FLORIDA STATE
ELECTIONS DEPARTMENT

I, Jean Monestime,
candidate for the office of County Commission District 2 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

3/12/10
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).

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




Candidate/Chairperson:

Jean		Monestime
First Name	Middle Name	Last Name
County Commission District 2		
Office Sought / Organization		

RECEIVED
 2010 MAR 12 AM 8:44
 ELECTIONS DEPARTMENT

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: 3/12/10

Phone No.: 305-970-7088 Fax No.: 305-891-1388

E-mail address: jeamo@aol.com

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



- Candidate (office sought): County Commission District 2
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, Jean Monestime
(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.

 3/12/10
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-970-7088
Email Address: jeamo@aol.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.

RECEIVED
2010 APR 12 AM 8:44
ELECTIONS DEPARTMENT

LOYALTY OATH FOR MIAMI-DADE COUNTY COUNTY COMMISSIONER

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	<u>Jean</u>		<u>Monestime</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, Jean Monestime
(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 [Signature] 305970-7088 jeanno@aod.com
 Signature of Candidate Daytime Telephone Number Email Address

12794 W. Dixie Hwy N. Miami FL 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 3rd day of June, 2000 by
Jean Monestime

Personally Known: _____ or
 Produced Identification: ✓
 Type of Identification Produced:
FL Drivers Lic.

[Signature]
 Signature of Notary Public – State of Florida
 Print, Type or Stamp Commissioned Name of Notary Martha Cristina Acosta
 Commission # DD730644
 Expires: FEB. 27, 2012
 BONDED THRU ATLANTIC BONDING CO., INC.

