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

10 JUN 15 AM 11: 48

Mines BABIL COUNTY ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE B	Change in:	✓ Tressur	er/Deputy	Depository	☐ Office ☐ Pa	arty				
Original Appointment										
2. Name of Candidate (in this	s order: First, Middle, L				x or street, city, state, zip	J				
ANNETTE.	J IADDE			F-00	YSET Dr					
4. Telephone (optional) 5.	. E-mail address (option	nal)		E 80						
(786) 262-42871			<u>m j j j j j j j j j j j j j j j j j j j</u>	<u> </u>	33143	••				
6. Office sought (include dist	trict, circuit, group num	ber)		· 	npartisan office, check i	IŤ				
Miami-Dade County Con	nmissioner District 8	3	applicab		run as a Write-In candida	ate				
8. If a candidate for a partis	<u>an</u> office, check block	cand fill in na	me of party as	applicable: N	My intent is to run as a					
☐ Write-In ☐ No Pa	rty Affiliation	<u> </u>			_ Party candidate.					
9. I have appointed the follo	owing person to act as	s my 🔀	Campaign Treas	surer	Deputy Treasurer					
10. Name of Treasurer or De	puty Treasurer									
Leslie Bowe										
11. Mailing Address (If post o	office box or drawer, als	o include stree	et address)	12.	Telephone					
P.O. Box 565610				(3	05) 234-5813					
13. City	14. County	15. State								
Pinecrest	Miami-Dade	Florida	33256							
18. I have designated the fo	ollowing bank as my		rimary Depositor	y Sec	condary Depository					
19. Name of Bank		20. 5	Street Address	With NO	D.					
BANK UNJT		160	275 SUN	POEI DA	<u>K</u>					
21. City	22. County	DO 27	23. State		24. Zip Code					
MIAMI	MIAMI		- 110		<u> </u>					
UNDER PENALTIES OF PERJURY DESIGN	(, I DECLARE THAT I HAVE NATION OF CAMPAIGN DE	POSITORY AND	THAT THE FACTS	STATED IN IT ARE	OF CAMPAIGN TREASURER TRUE.	AND				
25. Date		26. 5	Signature of Can	didate						
June 15, 2010		X	The state of the s	5						
27. Treasurer'	's Acceptance of App	ointment (fill i	n the blanks and	I check the app	ropriate block)					
l.	Leslie Bowe)		, do hereby	accept the appointment					
	(Please Print or Type	Name)								
designated above as:		Treasurer	Deputy Tre	asurer.						
June 15, 2	2010	X Si	eslie I	Boure						
Date		Signa	ature of Campai	gn Treasurer or	Deputy Treasurer					

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CHECK APPROPRIATE Original Appointment	вох:	Change in:	T	Γreasι	urer/Dep	puty 🔀	Deposito	ry 🗆	Office		Party	
2. Name of Candidate (in t Annette Taddeo	his orde	: First, Middle, L	ast)	3. Address (include post office box or street, city, state, zip code)								
4. Telephone (optional) (786) 262-4287		il address (option AnnetteTadd	•	— 5975 Sunset Drive, Suite 803 Miami, FL 33143 m								
6. Office sought (include district, circuit, group number) Miami-Dade County Commissioner, District 8 7. If a candidate for a nonpartisan office, check applicable: My intent is to run as a Write-In candidate.												
8. If a candidate for a part	<u>isan</u> off	ice, check block	and fi	ll in n	ame of	party as	applicable	: My into	ent is to rui	n as a		
☐ Write-In ☐ No I	Party Aff	liation						Par	ty candi	date.		
9. I have appointed the fo	llowing	person to act as	s my		Campa	aign Treas	surer 🔀	Deput	y Treasure	r		
10. Name of Treasurer or Definition of Annette Taddeo	eputy T	easurer										
11. Mailing Address (If pos 5975 Sunset Drive			o includ	le stre	et addr	ess)		12. Telep	hone 262-42	87		
13. City Miami		ounty ni-Dade	15. St FL	tate	ate 16. Zip Code 17. E-mail address (optional) 33143							
18. I have designated the	followir	g bank as my		X F	Primary	Depositor	у 🗆	Seconda	ry Deposito	ory		
19. Name of Bank Bank United				20. Street Address 21155 Biscayne Blvd.								
21. City Aventura		22. County Miami-Dade	9		23. State 24. Zip FL 33180							
UNDER PENALTIES OF PERJU		ARE THAT I HAVE OF CAMPAIGN DEF								ASURE	R AND	
25. Date 05/12/2010				26. X	Signatu	ure of Can	didate	M	<u> </u>			
27. Treasure	r's Acc	eptance of Appo	ointme	nt (fill	in the b	olanks and	check the	appropria	te block)			
l,		nette Tadde		-			, do her	eby accep	t the appoi	ntmen	t	
designated above as:	(Plea:	se Print or Type I Campaign T	•	er	⊠ !	Deputy Tre	easurer.	AI	>			
05/12/2	010		X					111	5			
Date		<u> </u>		Sign	nature o	f Campaig	gn Treasure	er or Depu	ty Treasur	er		

STATEMENT OF CANDIDATE

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

Signature of Candidate

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			2	14 1713				
l,	Annette Taddeo	R _C	PH	* (P				
candidate for the office of	ndidate for the office ofMiami-Dade County Commissioner,							
have received, read and un	derstand the requirements of Chapter	106,						
Florida Statutes.								
	, .							

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 CUNIT



Annette	Joan		Tadde	90
First Name	Middle Na	me	Last	Name
	e County Comi	missioner, District	8	
his is to acknowledge my receipt of the				APR 21 PM L
Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		×		
Miami-Dade County Qualifying Handbook		×		
Committee Handbook		×		
Electioneering Committee Handbook		×		
Received by:	andidate/Cl	hairperson Sig	nature	
Date: 4 21/2010	_			
Phone No.:		No.: 305-668-	0435	

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



	Miami-Dade County Com	nmissioner, District 8						
☐ Political Committee:								
☐ Party Executive Committee: _		<u>n</u>						
☐ Other:		O APR 2						
l,(Please p	Annette Taddeo	PH L: L						
(Please p	rint name of Candidate or Chairperson)	7						
Additionally, a hard copy of the Miami-Dade County Elections Dideadline with original signatures.	Campaign Treasurer's Rep	-						
		4/21/2010						
Signature of Candidate	or Chairperson	Date						
Day Time Telephone No:	305-262-4	4287						
Fmail Address: info@AnnetteTaddeo.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

	С	OUNTY COMMISS (Sections 876.05-876.10, Florid	SIONER									
STA	ATE OF FLORIDA Miami-Dade Co		10 JUN 15	AM 11: 47								
I,	Annette	J	ELECTIONS US	EARTMENT								
	First Name	Middle Name/Initial		Last Name								
a citi: soler	izen of the State of Florida and of the Un mnly swear or affirm that I will support th	nited States of America, and the United	and a candidate for States and of the S	r public office do hereby State of Florida.								
	OATH OF CANDIDATE (Section 99.021, Florida Statutes)											
Ι,	Annette Taddeo		,									
am a	(PLEASE PRINT NAME AS YOU WISH IT TO A CANDIDATE OF MIAN	TO APPEAR ON THE BALLOT NAME I ni-Dade County Comm		AFTER THE END OF QUALIFYING) District 8	- - · ˈ							
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												
OAI	TH AND OATH OF CANDIDATE	AND THAT THE FACT	<u> IS STATED IN</u>									
X			52-4287	info@AnnetteTaddeo.com								
	Signature of Candidate	Daytime Tel-	lephone Number	Email Address								
6460	0 SW 133 Drive	Pinecrest	FL	33156								
Addre	ess	City	State	Zip Code								
this State	e candidate whose name appears office and that the information pro e of Florida, nty of Miami-Dade	ovided on this form and	any attachment	ts hereto are true.	or							
Swo	rn to (or affirmed) and subscribed	I before me thisd	ay of June	² , 20d <u>(</u>)by								
Produ	onally Known: or a second inced Identification: of Identification Produced:	Print, Type or Stamp Comr	ic - State of Florida roissigned, Nerroniel	letary Public								
			PIRES November 03, FloridaNotaryService.com	, 2013								

OFFICIAL RECEIPT

No. 6478853

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