

**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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10 JUN 15 AM 11:48

MIAMI-DADE COUNTY  
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)

ANNETTE J TADDEO

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

5975 SUNSET DR  
SUITE 803  
MIAMI, FL 33143

4. Telephone (optional)

(786) 262-4287 info@AnnetteTaddeo.com

5. E-mail address (optional)

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

Miami-Dade County Commissioner District 8

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

Leslie Bowe

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

P.O. Box 565610

12. Telephone

( 305 ) 234-5813

13. City

Pinecrest

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33256

17. E-mail address (optional)

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

19. Name of Bank

BANK UNITED

20. Street Address

6075 SUNSET DR

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33143

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

June 15, 2010

26. Signature of Candidate

X 

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

I, Leslie Bowe, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

June 15, 2010

Date

X



Signature of Campaign Treasurer or Deputy Treasurer



**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

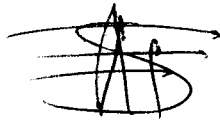
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10 APR 21 PM 4:14  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Annette Taddeo  
candidate for the office of Miami-Dade County Commissioner, District 8

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

X



Signature of Candidate

4/21/2010

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:**


Annette	Joan	Taddeo
_____ First Name	_____ Middle Name	_____ Last Name

Miami-Dade County Commissioner, District 8  
Office Sought / Organization

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 10 APR 21 PM 4:44  
 MIAMI-DADE COUNTY  
 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: 4/21/2010

Phone No.: 305-262-4287

Fax No.: 305-668-0435

E-mail address: info@AnnetteTaddeo.com

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



- Candidate (office sought): Miami-Dade County Commissioner, District 8
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

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10 APR 21 PM 4:41  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Annette Taddeo  
*(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.

4/21/2010

Signature of Candidate or Chairperson

Date

Day Time Telephone No: 305-262-4287

Email 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  
COUNTY COMMISSIONER RECEIVED**

(Sections 876.05-876.10, Florida Statutes)

10 JUN 15 AM 11:47

STATE OF FLORIDA Miami-Dade County

I,	Annette	J	Taddeo
	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, Annette Taddeo

(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 8


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**  786-262-4287 info@AnnetteTaddeo.com

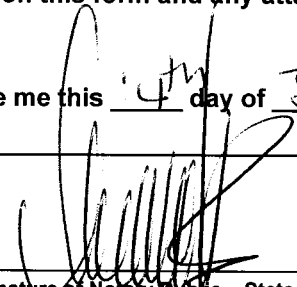
<b>Signature of Candidate</b>	<b>Daytime Telephone Number</b>	<b>Email Address</b>
6460 SW 133 Drive	Pinecrest FL	33156
<b>Address</b>	<b>City</b>	<b>State</b>
		<b>Zip Code</b>

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 14th day of June, 2010 by \_\_\_\_\_.

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  
**OLGA I. ROMEO**  
MY COMMISSION # DD938111  
EXPIRES November 03, 2013  
(407) 398-0153 FloridaNotaryService.com

