

**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 APR 28 10 55  
  
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)  
**Anthony Dawkins**

3. Address (include post office box or street, city, state, zip code)  
**1865 NW 69 Terrace  
Miami, FL 33147**

4. Telephone (optional)  
**(786 ) 274-2032**

5. E-mail address (optional)

6. Office sought (include district, circuit, group number)  
**County Commissioner 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  
**Gabriel Salazar**

11. Mailing Address (If post office box or drawer, also include street address)  
**1865 NW 69 Terrace**

12. Telephone  
**( 305 ) 694-4340**

13. City  
**Miami**

14. County  
**Miami-Dade**

15. State  
**FL**

16. Zip Code  
**33147**

17. E-mail address (optional)

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

19. Name of Bank  
**Wachovia**

20. Street Address  
**8390 NW 727th Avenue**

21. City  
**Miami**

22. County  
**Miami-Dade**

23. State  
**FL**

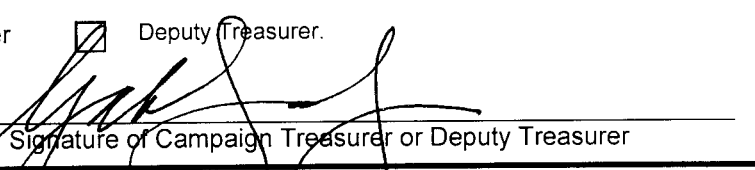
24. Zip Code  
**33147**

**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  
**4/28/2010**

26. Signature of Candidate  
**X** 

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, **GABRIEL SALAZAR**, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.  
  
**4/28/2010**    **X**   
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.)

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2010 JUN 11 AM 11:32

MIAMI DADE COUNTY  
ELECTIONS DEPARTMENT

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Miami, FL 33147

4. Telephone (optional)

(786 ) 274-2032

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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

Linda McDuffie

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

1865 NW 69 Terrace

12. Telephone

( 305 ) 694-4340

13. City

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14. County

Miami-Dade

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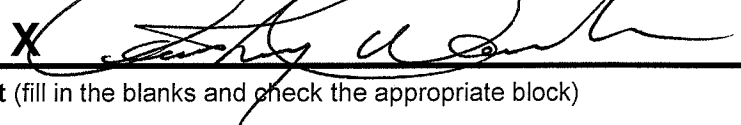
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25. Date

4/28/210

26. Signature of Candidate



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

I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:    Campaign Treasurer    Deputy Treasurer.

4/28/210  
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.)

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2010 JUN 11 AM 11:33

MIAMI DADE COUNTY  
 ELECTIONS DEPARTMENT

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Anthony Dawkins

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

1865 NW 69 Terrace  
 Miami, FL 33147

4. Telephone (optional)

(786 ) 274-2032

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County Commissioner District 2

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25. Date

4/28/2010

26. Signature of Candidate



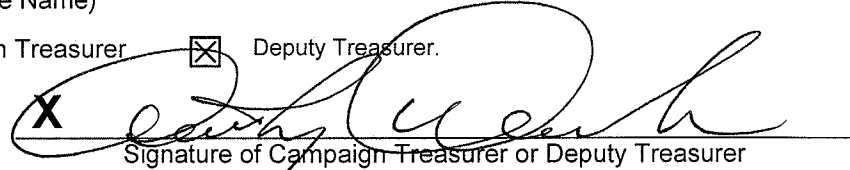
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Anthony Dawkins, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

4/28/2010

Date

  
 Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

RECEIVED

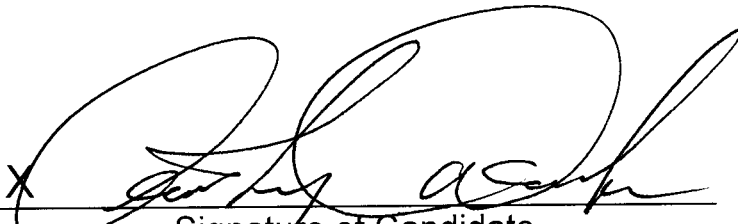
OFFICE USE ONLY

2010 APR 25 8:31 PM

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Anthony Dawkins,  
candidate for the office of County Commissioner (District # 2);

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

X   
Signature of Candidate

4/28/210  
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).



RECEIVED

2010 JUN 11 AM 11:00

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



MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

- Candidate (office sought): County Commissioner (District # 2)
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

I, Anthony Dawkins  
(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.

Signature of Candidate or Chairperson

6/28/210  
Date

Day Time Telephone No: 786 274-2032

Email Address: innercityyouthsf@bellsouth.net

*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**

(Sections 876.05-876.10, Florida Statutes)

2010 JUN 11 AM 11:33

STATE OF FLORIDA Miami-Dade County

I, <u>Anthony</u>	<u>L</u>	<u>Dawkins</u>
First Name	Middle Name/Initial	Last Name

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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, Anthony Dawkins

(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] (786) 294-2032      DAWKINS@DAWKINSFOR  
 COMMISSIONER, DISTRICT 2, .COM

Signature of Candidate      Daytime Telephone Number      Email Address

Address 1865 N.W. 69TH ST      City Miami      State FL      Zip Code 33147

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 11<sup>th</sup> day of JUNE, 2010 by  
Anthony Dawkins

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 Public  
 NOTARY PUBLIC-STATE OF FLORIDA  
 Maria Cristina Acosta  
 Commission # DD730644  
 Expires: FEB. 27, 2012  
 BONDED THRU ATLANTIC BONDING CO., INC.



**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. **5997462**

RECEIVED FROM Anthony Dawkins

DATE 6 / 11 / 10  
MONTH DAY YEAR

ADDRESS 1865 NW 69 TERRACE

CASH \$ \_\_\_\_\_

Miami CITY FL STATE 33147 ZIP

CHECKS \$ 360.00

AMOUNT OF: Three Hundred and Sixty DOLLARS, AND NO CENTS

TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying Fee County Comm Dist 2

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

By: Maria C Acosta

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Anthony Dawkins Campaign Acct  
1865 N.W 69 TERRACE  
Miami, FL 33147

091  
83-643/670

DATE 6/11/2010

PAY TO THE ORDER OF Board of County Commissioners \$ 360.00  
Three hundred sixty dollars DOLLARS

**WACHOVIA**  
Wachovia Bank, a division of Wells Fargo Bank, N.A.

FOR Fee Commission District 2

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