

**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
APR 28 11 41 AM '10
MIAMI 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)

MACK SAMUEL

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

**8951 NW 8 AVENUE
MIAMI, FLORIDA 33150**

4. Telephone (optional)

(786) 623-9539

5. E-mail address (optional)

macklsamuel@bellsouth.net

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

COMMISSIONER DISTRICT 02

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

SHERRI HICKS

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

1135 NW 45 STREET

12. Telephone

(786) 402-7257

13. City

MIAMI

14. County

DADE

15. State

FL

16. Zip Code

33150

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

9301 NORTHWEST SEVENTH AVENUE

21. City

MIAMI

22. County

DADE

23. State

FLORIDA

24. Zip Code

33150

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

4-22-2010

26. Signature of Candidate

X *Mack Samuel*

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

SHERRI HICKS

I, _____, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

4-22-2010

Date

X

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
 RECEIVED
 2010 JUN 14 PM 3:26
 CLERK
 TREASURY

1. CHECK APPROPRIATE BOX:
 Original Appointment Change in: | Treasurer/Deputy Depository Office Party

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

3. Address (include post office box or street, city, state, zip code)
 8951 NW 8 AVE
 MIAMI, FLORIDA 33150

4. Telephone (optional) **5. E-mail address** (optional)
 (786) 6239539 macklsamuel@bellsouth.net

6. Office sought (include district, circuit, group number)
 DISTRICT 02 COMMISSIONER

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
 MACK SAMUEL

11. Mailing Address (If post office box or drawer, also include street address) **12. Telephone**
 8951 NW 8 AVE ()

13. City **14. County** **15. State** **16. Zip Code** **17. E-mail address** (optional)
 MIAMI DADE FL 33150 macklsamuel@bellsouth.net

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

19. Name of Bank **20. Street Address**
 wachovia 9499 nw 7 avenue

21. City **22. County** **23. State** **24. Zip Code**
 MIAMI DADE FLORIDA 33150

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 **26. Signature of Candidate**
 6-14-2010 *Mack Samuel*

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

I, MACK SAMUEL, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-14-2010 *Mack Samuel*
 Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

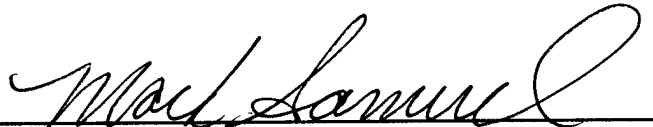
OFFICE USE ONLY

2010 APR 28 9 11 AM '10

FLORIDA COUNTY
ELECTIONS DEPARTMENT

I, MACK SAMUEL,
candidate for the office of COMMISSIONER DISTRICT O2;

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

X 
Signature of Candidate

4-22-2010

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:

MACK

SAMUEL

First Name

Middle Name

Last Name

COUNTY COMMISSIONER DISTRICT 02

Office Sought / Organization

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"/>	[]	MIAMI-DADE COUNTY ELECTIONS DEPARTMENT APR 20 10 11 21 AM '10 RECEIVED
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	[]	
Committee Handbook		<input type="checkbox"/>	[]	
Electioneering Committee Handbook		<input type="checkbox"/>	[]	

Received by: *Mark Samuel*
Candidate/Chairperson Signature

Date: 4-24-2010

Phone No.: 7866239539

Fax No.: _____

E-mail address: macklsamuel@bellsouth.net

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

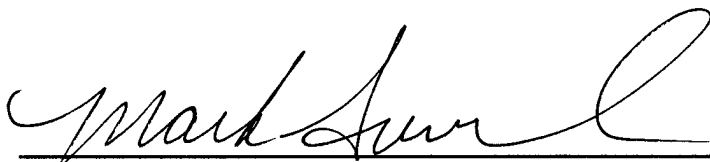


- Candidate (office sought): _____ county commission 02
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, MACK SAMUEL
(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

4-27-2010

Date

Day Time Telephone No: _____ 7866239539

Email Address: _____ macklsamuel@bellsouth.net

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT
2010 APR 20 10:10 AM

2010 APR 20 10:10 AM

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)

2011 APR 28 10:11:33

STATE OF FLORIDA Miami-Dade County

I, <u>MACK</u>	<u>L</u>	<u>SAMUEL</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, MACK SAMUEL

(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 02

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 <u>Mack Samuel</u>	<u>786-623-9339</u>	<u>MACCKLSAMUEL@BELLSOUTH.NET</u>
Signature of Candidate	Daytime Telephone Number	Email Address

<u>8951 NW 8 AVE</u>	<u>MIAMI</u>	<u>FLORIDA</u>	<u>33150</u>
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 28 day of April, ~~200~~ ²⁰¹⁰ by Mack Samuel
Girlean Tinsley

Personally Known: or
Produced Identification: _____

Type of Identification Produced:

Girlean Tinsley
Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
 Girlean Tinsley
 Commission # DD689083
 Expires: JUNE 25, 2011
 BONDED THRU ATLANTIC BONDING CO., INC.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5997493

RECEIVED FROM MACK L. SAMUEL

DATE 6, 14, 10
MONTH DAY YEAR

ADDRESS 8951 NW 8 AVE.
STREET ADDRESS

CASH \$

MIAMI CITY FL STATE 33150 ZIP

CHECKS \$ 360.00

AMOUNT OF: Three hundred sixty DOLLARS, AND CENTS

TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying fee for County Commissioner, District 2

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


DEPT.: Elections

BY: Guila Reyes

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04



CAMPAIGN ACCOUNT OF
MACK SAMUEL FOR COMMISSIONER
MACK L SAMUEL


2013

63-643/670
BRANCH 00665

Date 6-14-2010

Pay To The Order of BOARD OF COUNTY COMMISSIONERS \$ 360.00

Three Hundred Sixty & Dollars

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

For COMMISSIONER FEE

MP