

**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 11:11

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)

Peggy Brodeur

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

5685 SW 85th Street
Miami, FL 33143

4. Telephone (optional)

(305) 666-8067

5. E-mail address (optional)

peggybrodeur@yahoo.com

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

Community Council 12/121

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

PEGGY BRODEUR

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

5685 SW 85th Street

12. Telephone

(305) 666-8067

13. City

MIAMI

14. County

DADE

15. State

FL

16. Zip Code

33143

17. E-mail address (optional)

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

19. Name of Bank
SunTrust Bank

20. Street Address
5857 Sunset Drive

21. City
South Miami

22. County
Dade *Miami*

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

6/01/2010

26. Signature of Candidate

Peggy Brodeur

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

I, PEGGY BRODEUR, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/01/2010

Date

Peggy Brodeur

Signature of Campaign Treasurer or Deputy Treasurer

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

Peggy Brodeur

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

4. Telephone (optional)

(305) 666-8067

5. E-mail address (optional)

Peggybrodeur@yahoo.com

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

Community Council 12/121

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

GEORGE B. BRODEUR

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

5685 SW 85 ST

12. Telephone

(305) 666-8067

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33143

17. E-mail address (optional)

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25. Date

6/03/2010

26. Signature of Candidate

X Peggy Brodeur

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

I, George B. Brodeur, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/3/2010
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

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

OFFICE USE ONLY

2010 JUN -3 AM 11:11

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Peggy Brodeur ,
candidate for the office of Community Council 12/121 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X *Peggy Brodeur*
Signature of Candidate

06/01/2010

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).

RECEIVED

2010 JUN -3 AM 11:12

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



MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

Peggy

Brodeur

First Name

Middle Name

Last Name

Community Council 12/121

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 type="checkbox"/>	<input checked="" type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by: *Peggy Brodeur*
Candidate/Chairperson Signature

Date: *June 03, 2010*

Phone No.: *305-666-8067* Fax No.: *same*

E-mail address: *peggybrodeur@yahoo.com*

RECEIVED

2010 JUN -3 AM 11:12

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

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



- Candidate (office sought): Peggy Brodeur (Community Council 12/121)
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, Peggy Brodeur
(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.

Peggy Brodeur 06/01/2010
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305 666-8067

Email Address: peggybrodeur@yahoo.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
COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

2010 JUN -3 AM 11:12

STATE OF FLORIDA Miami-Dade County

I,	PEGGY		BRODEUR
	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, PEGGY BRODEUR

(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: **Community Council Member Area** 12 **Subarea** 121

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 Unincorporated Miami-Dade County

- I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- I have been a resident elector of the Council Area 12 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 121 for at least three (3) 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 Peggy Brodeur 305-666-8067 peggybrodeur@yahoo.com

Signature of Candidate Daytime Telephone Number Email Address

5685 SW 85 ST Miami FL 33143

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, 2010 by Peggy Brodeur.

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:
FL DRIVERS Lic

Maria Cristina Acosta
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of  **Maria Cristina Acosta**
Commission # **DD730644**
Expires: **FEB. 27, 2012**
BONDED THRU ATLANTIC BONDING CO., INC.

