

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 -3 PM 3:37

MIAMI DADE
ELECTIONS

1. CHECK APPROPRIATE BOX:

☒ Original Appointment Change in: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

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

ELLIOTT N. ZACK

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

8370 S.W. 89 STREET
MIAMI, FL. 33156

4. Telephone (optional)

(305) 725-1102

5. E-mail address (optional)

ENZACK@AOL.COM

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

COMMUNITY COUNCIL¹² SUBAREA 125

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

MC HENRY HAMILTON

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

9485 SUNSET DRIVE STE A - 280

12. Telephone

(305) 342-6275

13. City

MIAMI

14. County

MIAMI DADE

15. State

FL.

16. Zip Code

33173

17. E-mail address (optional)

MCHCPA@BELL.SOUTH.NET

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

19. Name of Bank

BANK OF AMERICA

20. Street Address

1199 N.E. 163 STREET

21. City

N. MIAMI BEACH

22. County

MIAMI DADE

23. State

FL.

24. Zip Code

33162

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 2, 2010

26. Signature of Candidate

X 

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

I, McHenry Hamilton, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer

June 2, 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 -3 PM 3:37

MIAMI DADE
ELECTIONS

1. CHECK APPROPRIATE BOX:

☒ Original Appointment Change in: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

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

ELLIOTT N. ZACK

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

8370 S.W. 89 STREET
MIAMI, FL. 33156

4. Telephone (optional)

(305) 725-1102

5. E-mail address (optional)

ENZACK@AOL.COM

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

COMMUNITY COUNCIL¹² - SUBAREA 125

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

ELLIOTT N. ZACK

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

8370 S.W. 89 STREET

12. Telephone

()

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL.

16. Zip Code

33156

17. E-mail address (optional)

ENZACK@AOL.COM

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

19. Name of Bank

BANK OF AMERICA

20. Street Address

1199 N.E. 163 STREET

21. City

N. MIAMI BEACH

22. County

MIAMI-DADE

23. State

FL.

24. Zip Code

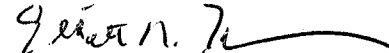
33162

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 2, 2010

26. Signature of Candidate

X 

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

I, ELLIOTT N. ZACK, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

JUNE 2, 2010

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

2010 JUN -3 PM 3:38

MIAMI DADE
ELECTIONS

I, ELLIOTT N. ZACK,
candidate for the office of COMMUNITY COUNCIL 12 SUBAREA 125;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

6-3-10

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:

ELLIOTT N. ZACK
First Name Middle Name Last Name

COMMUNITY COUNCIL 12 SUBAREA 125
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"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook			<input type="checkbox"/>	
Electioneering Committee Handbook			<input type="checkbox"/>	

RECEIVED
 2010 JUN -3 PM 3:38
 MIAMI-DADE
 ELECTIONS

Received by: _____

[Signature]

Candidate/Chairperson Signature

Date: 6-3-10

Phone No.: 305-725-1102

Fax No.: 305-787-8338

E-mail address: ENZACK@AOL.COM

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



☒ Candidate (office sought): COMMUNITY COUNCIL 12 SUBAREA 125

☐ Political Committee: _____

☐ Party Executive Committee: _____

☐ Other: _____

I, ELLIOTT N. ZACK
(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.

E. N. Zack

Signature of Candidate or Chairperson

6-3-10

Date

Day Time Telephone No: 305-940-0023

Email Address: ENZACK@AOL.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)

RECEIVED

STATE OF FLORIDA Miami-Dade County

2010 JUN -3 PM 3:38

I,

ELLIOTT

NOEL

ZACK

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,

ELLIOTT NOEL ZACK

(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** 125

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 125 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

Elliott N. Zack

305-940-0023

ENZACK@AOL.COM

Signature of Candidate

Daytime Telephone Number

Email Address

8370 S.W. 89 STREET

MIAMI

FLORIDA

33156

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 ELLIOTT N. ZACK

Personally Known: ☒ or

Produced Identification: _____

Type of Identification Produced:

Georgia L. Katz
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



GEORGIA L. KATZ
MY COMMISSION # DD 547904
EXPIRES: June 26, 2010
Bonded Thru Budget Notary Services

RECEIVED FROM Elliott N. Zuck

DATE 6 / 3 / 10
MONTH DAY YEAR

ADDRESS 8370 S.W. 89 street
STREET ADDRESS

CASH \$ _____ . _____

STREET ADDRESS
Niomi FL 33156
CITY STATE ZIP

CHECKS \$ 100 . ⁰⁰

CITY STATE ZIP
AMOUNT OF: One hundred DOLLARS, AND 00 CENTS TOTAL \$ 100.

FOR PAYMENT OF: Qualifying Fee - Community Council 12/125

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

DEPT.: Elections BY: A. V. Innocent

FOR OFFICE USE ONLY

[illegible]

107.01-1 6/04

ELLIOTT N. ZACK CAMPAIGN ACCOUNT

0991
63-27/631 FL
953

DATE JUNE 3, 2015

PAY TO THE ORDER OF BOARD OF COUNTY COMMISSIONERS \$ 100.00

ONE HUNDRED DOLLARS DOLLARS

Bank of America

FOR QUALIFYING FEE