

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

10 JUN 14 PM 12:06

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)

BOBBY DELL STEWART

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

29500 S W 155 COURT
LEISURE CITY, FL 33033

4. Telephone (optional)

(305) 968-7576

5. E-mail address (optional)

lcmdopt@bellsouth.net

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

COMMUNITY COUNCIL - 15 / SUBAREA - 155

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

BOBBY DELL STEWART

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

29500 S W 155 COURT

12. Telephone

(305) 968-7576

13. City

LEISURE CITY

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33033

17. E-mail address (optional)

lcmdopt@bellsouth.net

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

19. Name of Bank

COMMUNITY BANK

20. Street Address

28801 S W 157 AVENUE

21. City

HOMESTEAD

22. County

MIAMI-DADE

23. State

FLORIDA

24. Zip Code

33030

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 11, 2010

26. Signature of Candidate

X Bobby Dell Stewart

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

I, BOBBY DELL STEWART, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

JUNE 11, 2010

Date

X Bobby Dell Stewart
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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ELECTIONS DEPARTMENT

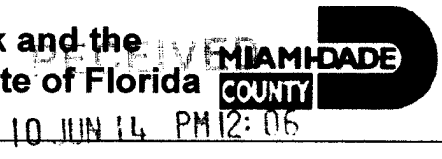
I, BOBBY DELL STEWART ,
candidate for the office of COMMUNITY COUNCIL -15 / SUBAREA - 155 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

Bobby Dell Stewart
Signature of Candidate

6/11/2010
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:

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

BOBBY	DELL	STEWART
First Name	Middle Name	Last Name

COMMUNITY COUNCIL - 15 / SUBAREA - 155
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	2009	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook	2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by: Bobby Dell Stewart
Candidate/Chairperson Signature

Date: JUNE 11, 2010

Phone No.: (305) 968-7576

Fax No.: _____

E-mail address: LCMDOPT@BELLSOUTH.NET

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



- Candidate (office sought): COMMUNITY COUNCIL - 45 - SUBAREA - 155
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, BOBBY DELL STEWART
(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.

Bobby Dell Stewart
Signature of Candidate or Chairperson

JUNE 11, 2010
Date

Day Time Telephone No: (305) 968-7576

Email Address: LCMDOPT@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
COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

RECEIVED

STATE OF FLORIDA Miami-Dade County

10 JUN 14 PM 12:06

I,	<u>BOBBY</u> First Name	<u>DELL</u> Middle Name/Initial	<u>STEWART</u> Last Name
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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, BOBBY DELL STEWART
(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** 15 **Subarea** 155

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 15 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 155 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 Bobby Dell Stewart (305) 968-7576 Lcmdoft@bellsouth.net
Signature of Candidate Daytime Telephone Number Email Address

Address 29500 SW 155 CT City Leisure City State FL Zip Code 33033

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, 20010 by Bobby D. Stewart

Personally Known: _____ or
Produced Identification: X

Type of Identification Produced:

Florida Driver license

Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of

