

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying
officer before opening the campaign account.**

RECEIVED

2011 MAR 17 AM 8:47

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

DARRIN MCGILLIS

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

22205 SW 103 AVENUE
MIAMI, FLORIDA 33190

4. Telephone

(305) 506-4411

5. E-mail address

mcgillismusic@yahoo.com

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

MAYOR MIAMI DADE COUNTY FLORIDA

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

DARRIN MCGILLIS

11. Mailing Address

PO BOX 56-6091

12. Telephone

(305) 506-4411

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33256

17. E-mail address

mcgillismusic@yahoo.com

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

19. Name of Bank

Chase

20. Address

20405 Old Cutler Road

21. City

Miami

22. County

Miami Dade

23. State

Florida

24. Zip Code

33189

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

March 11, 2011

26. Signature of Candidate

X 

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

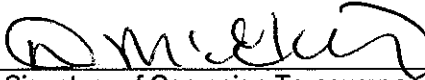
I, Darrin McGillis, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

March 11, 2011

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

RECEIVED

2011 MAR 17 AM 8:46

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, Darrin McGillis,
candidate for the office of Mayor of Miami Dade County ;

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

X 

Signature of Candidate

March 11, 2011

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).

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



Candidate (office sought): Mayor of Miami Dade County

Political Committee: _____

Party Executive Committee: _____

Other: _____

RECEIVED
2011 MAR 17 AM 8:47
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Darrin McGillis
(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

March 11, 2011

Date

Day Time Telephone No: 305-506-4411

Email Address: mcgillismusic@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.

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



Candidate/Chairperson:

Darrin

McGillis

First Name

Middle Name

Last Name

Mayor of Miami Dade County

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RECEIVED
 2011 MAR 17 AM 8:47
 MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

Received by: _____

(Handwritten Signature)

Candidate/Chairperson Signature

Date:

March 11, 2011

Phone No.:

305-506-4411

Fax No.:

305-506-4411

E-mail address:

mcgillismusic@yahoo.com