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MIAMI-DADE  
ELECTIONS

**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.**

**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 E. McGillis

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

22205 SW 103 Avenue  
Miami, FL 33190

**4. Telephone**

(305 ) 506-4411

**5. E-mail address**

mcgillismusic@yahoo.com

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

County Commission District 9

**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 E. McGillis

**11. Mailing Address**

22205 SW 103 Avenue

**12. Telephone**

( 305 ) 506-4411

**13. City**

Miami

**14. County**

Miami - Dade

**15. State**

FL

**16. Zip Code**

33190

**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**

June 4, 2012

**26. Signature of Candidate**



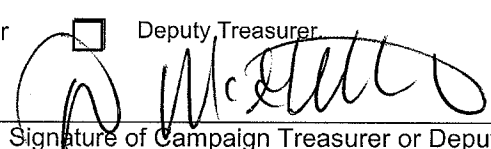
**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

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

designated above as:     Campaign Treasurer     Deputy Treasurer

June 4, 2012

Date

  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

**OFFICE USE ONLY**

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MIAMI-DADE  
ELECTIONS

I, Darrin E. McGillis ,

candidate for the office of County Commission District 9 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X   
Signature of Candidate

June 4, 2012  
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).



Access to Handbook and the Election Laws of the State of Florida

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Darrin

E.

McGillis

First Name

Middle Name

Last Name

County Commission District 9

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by:

[Handwritten Signature]

Candidate / Chairperson Signature

Date: June 4, 2012

Primary Telephone Number: 305-506-4411

Alternate Telephone Number:

E-mail address: mcgillismusic@yahoo.com

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



Candidate (office sought): County Commission District 9

Candidate's Florida Voter Registration Number: 115427262

Political Committee: \_\_\_\_\_

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

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MIAMI-DADE  
ELECTIONS

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I, Darrin E. McGillis  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with 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.

June 4, 2012

Signature of Candidate or Chairperson

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.*

**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

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 MIAMI-DADE  
 ELECTIONS

**OATH OF CANDIDATE**

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, Darrin E. McGillis

(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 nonpartisan office of County Commission, 9  
(OFFICE) (DISTRICT/AREA/SUBAREA)

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; I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

<b>X</b>	(305) 506-4411	mcgillismusic@yahoo.com	
<small>Signature of Candidate</small>	<small>Telephone Number</small>	<small>Email Address</small>	
22205 SW 103 Avenue	Miami	FL	33190
<small>Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Candidate's Florida Voter Registration Number (located on your voter information card): 115427262

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

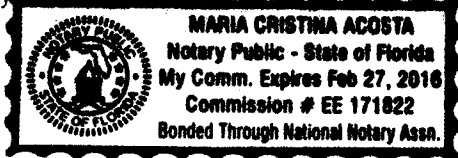
Sworn to (or affirmed) and subscribed before me this 4<sup>th</sup> day of JUNE, 2012.

Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced:  
FL Drivers Lic

Signature of Notary Public  
 Print, Type or Stamp Commissioned Name of Notary Public





Voter Information Card  
Miami-Dade County, FL

Tarjeta de información del elector  
Condado de Miami-Dade, FL

Kart Enfomasyon Vote  
Konte Miami-Dade, FL

MC GILLIS, DARRIN E  
22205 SW 103RD AVE  
MIAMI FL 33190

ISSUED  
EMITIDA  
ENPRIME

09/04/07

Bring photo identification  
when voting.

Para votar, presente una  
identificación con fotografía.  
Tranpri pote yon pyès idantifikasyon  
ki gen foto w sou li lè w'ap vin vote.

Registration No.  
Núm. de inscripción  
Nim. Enskripsyon

115427262

Identification Data  
Datos de identificación  
Enfo. Idantifikasyon

12/31/66

Precinct No.  
Núm. del recinto  
Nim. Biwo Vòt

839

Registration Date  
Fecha de inscripción  
Dat Enskripsyon

08/31/07

Party Affiliation  
Afiliasión partidista  
Pati Politik

DEM

Polling Place | Centro de votación | Lokal Biwo Vòt  
MT PLEASANT BAPTIST CHURCH  
11591 SW 220 ST

Lester Sola  
Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.  
Ud. puede votar por los representantes de los distritos enumerados abajo.  
W elijib pou w voté pou reprezantan ki nan distri ki ekri anba la yo.

Congress  
Congreso  
Kongrè  
025

State Senate  
Senado Estatal  
Sena Eta a  
039

State House  
Cámara Estatal  
Lacham Eta a  
118

County Commission  
Comisión del Condado  
Komisyon Konte  
09

School Board  
Junta Escolar  
Asamble Edikasyon.  
09

Community Council  
Consejo Comunitario  
Konsèy Kominotè  
015

Municipal | Municipal | Minisipal  
UN



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ELECTIONS

Please print or type your name, mailing address, agency name, and position below:

**FINANCIAL INTERESTS**

LAST NAME — FIRST NAME — MIDDLE NAME:

McGillis Darrin Edward

MAILING ADDRESS:

22205 SW 103 Avenue

CITY : ZIP : COUNTY :

Miami 33190 Miami - Dade

NAME OF AGENCY :

Miami - Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commission District 9

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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 ELECTIONS  
 11 PDF Form 6

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 11 was \$ 50,591.81

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 4,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Publishing Rights Held	6,000.00
Master Recordings and Copyrights	50,000.00
Merchandise Inventory	5,000.00

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Babtist Health South Florida, Miami, Florida	7,791.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME** (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
McGillis Music Company	Puerto Rico	9,500.00
Rentals	Miami	4,500.00
Settlement	Miami	3,500.00

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**OATH**

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

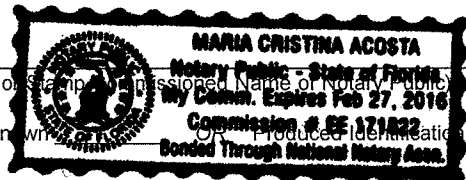
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 4th day of June, 2012 by DARIN E. McGILLIS.

[Signature]  
 (Signature of Notary Public--State of Florida)

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

MARIA CRISTINA ACOSTA  
 (Print, Type, or Stamp the Full Name of Notary Public)  
 My Comm. Expires Feb 27, 2016  
 Commission # EE 121822  
 Personally Known or Produced by Electronic  
 Bonded Through National Notary Ass.  
 Type of Identification Produced \_\_\_\_\_



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.  
 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.  
 OTHER FORMS you may need to file are described on page 6.





OFFICIAL RECEIPT  
MIAMI-DADE COUNTY-FLORIDA

No. 6741212

RECEIVED FROM DARRIN E Mc Gillis DATE 6 / 4 / 12  
MONTH DAY YEAR

ADDRESS 22205 SW 103 AVENUE CASH \$ \_\_\_\_\_  
STREET ADDRESS  
Miami CITY FL STATE 33190 ZIP CHECKS \$ 360.00

AMOUNT OF: Three Hundred and Sixty DOLLARS, AND NO CENTS TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying Fee - County Comm. Dist 9

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

DEPT.: Elections BY: MARIA ACOSTA

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Darrin E. McGillis  
Campaign Account

999993  
63-8413 44203  
2670

DATE June 4, 2012

PAY TO THE ORDER OF Board of County Commissioners \$ 360<sup>00</sup>/<sub>100</sub>  
Three Hundred Sixty <sup>00</sup>/<sub>100</sub> DOLLARS

CHASE  
JPMorgan Chase Bank, N.A.  
www.Chase.com

FOR Qualifying Fee County Commission District # 9

MP

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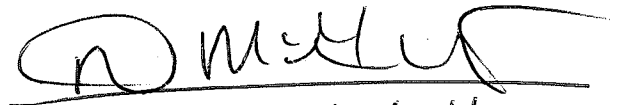
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6/4/12

To Whom It May Concerns,

MIAMI-DADE  
ELECTIONS

I Darrin McGillis would like to  
inform you that I have switched  
from the Mayor's race to District 9  
County Commission.

  
Darrin McGillis