

**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

11 APR 11 PM 2:16

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)

Helen B. Williams

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

1401 N.W. 137th Street
Miami, FL 33167

4. Telephone

(786) 587-9904

5. E-mail address

randy.davis@nc.com

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

Mayor of Miami - Dade County

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

Helen B. Williams

11. Mailing Address

1401 N.W. 137th Street

12. Telephone

(786) 587-9904

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33167

17. E-mail address

randy.davis@nc.com

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

19. Name of Bank

Chase Bank

20. Address

5800 N.W. 7th Ave

21. City

Miami

22. County

Dade

23. State

Florida

24. Zip Code

33127

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

April 11, 2011

26. Signature of Candidate

X Helen B. Williams

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

April 11, 2011
Date)

X Helen B. Williams
Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

11 APR 11 PM 1:57

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)

Helen B. Williams

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

1401 N.W. 137th Street
Miami, FL 33167

4. Telephone

(786) 587-9904

5. E-mail address

randy.davis@nc@aol.com

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

Mayor of Miami-Dade County

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

MARVA Lightbourne

11. Mailing Address

5561 N.W. 7th Ct.

12. Telephone

(305) 758-2292

13. City

Miami

14. County

DADE

15. State

FLA.

16. Zip Code

33127

17. E-mail address

randy.davis@nc@aol.com

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

19. Name of Bank

Chase Bank

20. Address

5800 N.W. 7th Ave

21. City

Miami

22. County

Dade

23. State

Florida

24. Zip Code

33127

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

April 11, 2011

26. Signature of Candidate

X Helen B. Williams

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

I, MARVA Lightbourne, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/11/11
Date

X MARVA Lightbourne
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
RECEIVED

11 APR 11 PM 1:57

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Helen B. Williams,

candidate for the office of Mayor of Miami-Dade County

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Helen B. Williams
Signature of Candidate

Apr. 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).

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



Candidate/Chairperson:

Helen

First Name

Barbary

Middle Name

W. Williams

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

Received by:

Helen B Williams

Candidate/Chairperson Signature

Date:

April 11, 2011

Phone No.:

786-587-9904

Fax No.:

—

E-mail address:

vandydavisinc (a) 201.com

RECEIVED
11 APR 11 PM 1:58
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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: _____

I, Helen B Williams
(Please print name of Candidate or Chairperson)

RECEIVED
11 APR 11 PM 1:59
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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.

Helen B. Williams Apr. 11, 2011
Signature of Candidate or Chairperson Date

Day Time Telephone No: Bus 786-587-9904

Email Address: vandydavisinc@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

MAYOR

(Sections 876.05-876.10, Florida Statutes)

RECEIVED

11 APR 11 PM 2:42

STATE OF FLORIDA Miami-Dade County

I, <u>Helen B. Williams</u>	<u>Barbary</u>	<u>ms</u>
First Name	Middle Name/Initial	Last Name

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

a citizen of the State of Florida and of the United States of America, and being [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, Helen B. Williams

(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 Miami-Dade County Mayor. 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 Miami-Dade County, and a resident of Miami-Dade County for at least three (3) years prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- | | | |
|--|---|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Homestead Exemption Receipt |
| <input checked="" type="checkbox"/> Voter Information Card | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Lease Agreement |

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. 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 <u>Helen B. Williams</u>	<u>786-587-9904</u>	<u>randy.davis@nc@aol.com</u>
Signature of Candidate	Daytime Telephone Number	Email Address
<u>1401 N. W. 137th St</u>	<u>Miami</u>	<u>FL</u>
Address	City	State
		<u>33167</u>
		Zip Code

State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11 day of April, 20 11 by Helen B. Williams.

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:

Voter Identification Card

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

