

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

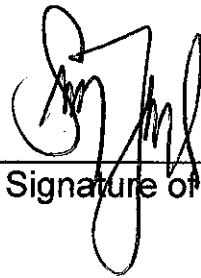
OFFICE USE ONLY

I, Dr. Smith Joseph,
candidate for the office of Mayor;

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

Florida Statutes.

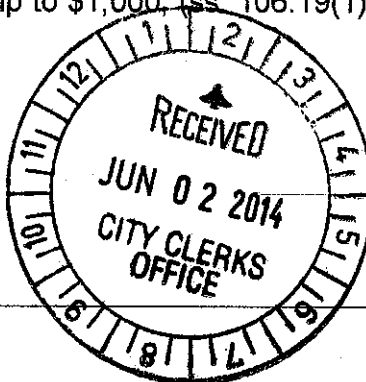
X



Signature of Candidate

6/02/14
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).



**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)

Dr. Smith Joseph

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

2100 Sans Souci Blvd. #B706
N. Miami, FL 33181

4. Telephone

(305) 502-7176

5. E-mail address

universaldogjo@aol.com

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

Mayor For Aug. 26, 2014

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

Dr. Smith Joseph

11. Mailing Address

2100 Sans Souci Blvd/B706

12. Telephone

(305) 502-7176

13. City

N. Miami

14. County

Dade

15. State

FL.

16. Zip Code

33181

17. E-mail address

universaldogjo@aol.com

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

19. Name of Bank

Chase

20. Address

900 NE 125 St
N. Miami, FL 33161

21. City

N. Miami

22. County

Dade

23. State

FL.

24. Zip Code

33161

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

6/02/14

26. Signature of Candidate

X

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

I, _____, do hereby accept the appointment

(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

X

Date

Signature of Campaign Treasurer or Deputy Treasurer