

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, MICHAEL M^{ED}DEARMAID

candidate for the office of MAYOR

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X

Michael McDearmaid

Signature of Candidate

12/3/12

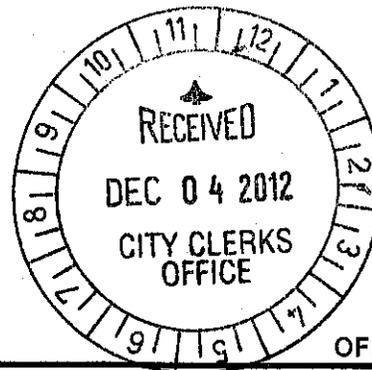
Date

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.

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)
MICHAEL M DEARMAID

4. Telephone ()
5. E-mail address

3. Address (include post office box or street, city, state, zip code)
**840 N.E. 127th ST.
NORTH MIAMI, FL.**

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

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
MICHAEL M DEARMAID

11. Mailing Address
840 N.E. 127th ST.

12. Telephone
(305) 439-5838

13. City
NO. MIAMI

14. County
DADE

15. State
FL

16. Zip Code
33161

17. E-mail address
LMM2512@BellSouth.net

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

19. Name of Bank
CHASE FEDERAL

20. Address

21. City
NO. MIAMI

22. County
MIAMI-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
12/3/12

26. Signature of Candidate
X Michael M Dearmaid

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, **MICHAEL M DEARMAID**, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
12/3/12 Date **X** **Michael M Dearmaid** Signature of Campaign Treasurer or Deputy Treasurer