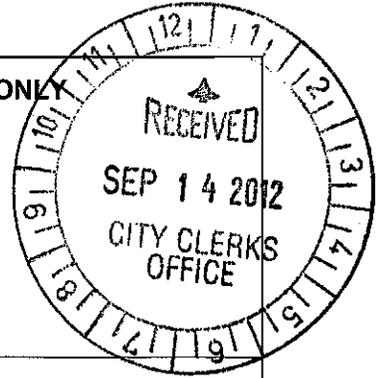


**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please Type)

OFFICE USE ONLY



I, Mary C. Irvin ,
candidate for the office of North Miami Council, District 2 ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

9/14/2012
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).

**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)

Mary C. Irvin

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

P.O. Box 613185
North Miami, Florida 33261

4. Telephone

(305) 244-5954

5. E-mail address

info@maryirvin.com

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

North Miami Council, District 2

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

Mary C. Irvin

11. Mailing Address

P.O. Box 6131185

12. Telephone

(305) 244-5954

13. City

North Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33261

17. E-mail address

info@maryirvin.com

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

19. Name of Bank

Chase Bank

20. Address

900 NE 125 Street

21. City

North Miami

22. County

Miami-Dade

23. State

Florida

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

9/14/2012

26. Signature of Candidate

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.

Date

Signature of Campaign Treasurer or Deputy Treasurer