STATEMENT OF **CANDIDATE**

(Section 106.023, F.S.) (Please print or type)

OFF	ICE	USE	ON	LY
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IKE SIMPSON

candidate for the office of CMY 6F MIAM COMMISSIONERIT

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

Signature of Candidate

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

DS-DE 9 (Rev. 10/10)



Rule 1S-2.0001, F.A.C.

officer before opening the campaign account.	OFFICE USE ONLY			
1. CHECK APPROPRIATE BOX(ES):				
	easurer/Deputy Depository Office Party			
2. Name of Candidate (in this order: First, Middle, Last) MIKE ROBER SIMPSON	3. Address (include post office box or street, city, state, zip code) 3250 GRAND AVENUE, #304			
4. Telephone 5. E-mail address Cocont GROTE, FL 33133 (186)473-2354 ; [i kemike 2015@gmail.com				
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if			
City of MIAMI COMMESSIONER, DISTRICT 2	applicable: My intent is to run as a Write-In candidate.			
8. If a candidate for a <u>partisan</u> office, check block and fill i	in name of party as applicable: My intent is to run as a			
☐ Write-In 1 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 MIKE ROGER SIMPSON				
11. Mailing Address 12. Telephone (186) 473-2354				
13 City 14 County DAJE 15. State 16. Zip Code 17. E-mail address 18 CONT GROVE MIANT DAJE FL 33133 ilikenike 2015@gmail.co				
18. I have designated the following bank as my Primary Depository Secondary Depository				
19. Name of Bank DANK OF AMERICA 20. Address 3211 GRAND AVENUE				
21. City CROVE 22. County MIAMI-DA	23. State FC 24. Zip Code 33133			
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 26. Signature of Carpatidate X				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
I, MILE POREN SIMPSON , do hereby accept the appointment (Please Print or Type Name)				
designated above as:				
I DECIY X loke				
Date Signature of Cantipaign Treasurer Deputy Treasurer				

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

RECEIVED

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OFFICE OF THE CITY CLERK CITY OF MIAMI.FL

officer before opening the campaign account.	OFFICE USE ONLY				
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: T	reasurer/Deputy Depository Deffice Party				
2. Name of Candidate (in this order: First, Middle, Last) MIKE ROBER SIMPSON	3. Address (include post office box or street, city, state, zip code) 3250 GRAND AVENUE, #304				
4. Telephone 5. E-mail address (786)473-2354 Tikemike20615 Egward.com Coconut Grove, PC 33133					
6. Office sought (include district, circuit, group number) 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 <u>partisan</u> 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 STACEY LYNN SHARPOW					
11. Mailing Address 3250 GRAND AVENUE, #304 12. Telephone (786), 473-2354					
13. City Cocour Grave 14. County MAMI-DADE FO	ate 16. Zip Code 17. E-mail address 33133 Themke Zol 15@ gmail.com				
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21 City 22. County MAMI-DAD	23. State 24. Zip Code 33133				
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25. Date 26. Signature of Candidate X Color Col					
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.					
DEC 2014 X DOW					
Date '	Signature of Campaign Treasurer or Deputy Treasurer				