

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

RECEIVED

OCT 12 2010

CITY OF NORTH MIAMI
CITY CLERKS OFFICE

Beverly Hilton

I, _____,

candidate for the office of _____ Councilwoman _____;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 

Signature of Candidate

October 13, 2010

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).

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

RECEIVED

OCT 12 2010

CITY OF NORTH MIAMI
CITY CLERKS OFFICE

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Beverly Hilton

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

12495 NW 6th Avenue
North Miami, FL 33168

4. Telephone (optional)

(786) 553-8555

5. E-mail address (optional)

hiltonmiam@aol.com

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

Councilwoman - District 4

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 Democrat _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Joelle Franck

11. Mailing Address (If post office box or drawer, also include street address)

181 NW 110 Street

12. Telephone

(786) 385-8237

13. City

Miami Shores

14. County

Dade

15. State

Florida

16. Zip Code

33168

17. E-mail address (optional)

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

19. Name of Bank

Bank Atlantic

20. Street Address

12655 NE 6th Avenue

21. City

North Miami

22. County

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

October 13, 2010

26. Signature of Candidate



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

I, Joelle Franck, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/12/2010
Date

Joelle Franck
Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY
RECEIVED

OCT 12 2010

CITY OF NORTH MIAMI
CITY CLERKS OFFICE

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Beverly Hilton

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

12495 NW 6th Avenue
North Miami, FL 33168

4. Telephone (optional)

(786) 553-8555

5. E-mail address (optional)

hiltonmiam@aol.com

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

Councilwoman - District 4

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 Democrat Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Phillip A. Scott

11. Mailing Address (If post office box or drawer, also include street address)

12495 NW 6th Avenue

12. Telephone

(305) 490-6082

13. City

North Miami

14. County

Dade

15. State

Florida

16. Zip Code

33168

17. E-mail address (optional)

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

19. Name of Bank

Bank Atlantic

20. Street Address

12655 NE 6th Avenue

21. City

North Miami

22. County

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

October 13, 2010

26. Signature of Candidate

X 

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

I, Phillip A. Scott, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/12/2010
Date

X Phillip Scott
Signature of Campaign Treasurer or Deputy Treasurer

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY
RECEIVED

OCT 12 2010
CITY OF NORTH MIAMI
CITY CLERKS OFFICE

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Beverly Hilton

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

12495 NW 6th Avenue,
North Miami, FL 33168

4. Telephone (optional)

(786) 553-8555

5. E-mail address (optional)

hiltonmiam@aol.com

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

Councilwoman - District 4

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 Democrat _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Beverly Hilton

11. Mailing Address (If post office box or drawer, also include street address)

12495 NW 6th Avenue

12. Telephone

(786) 553-8555

13. City

North Miami

14. County

Dade

15. State

Florida

16. Zip Code

33168

17. E-mail address (optional)

hiltonmiam@aol.com

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

19. Name of Bank

Bank Atlantic

20. Street Address

12655 NE 6th Avenue

21. City

North Miami

22. County

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

October 12, 2010

26. Signature of Candidate

X

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

I, Beverly Hilton, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

October 12, 2010

Date

X

Signature of Campaign Treasurer or Deputy Treasurer