



**MIAMI-DADE COUNTY**  
**IRREVOCABLE STATEMENT**  
**AND APPLICATION FOR ELECTION**  
**CAMPAIGN FINANCING TRUST FUND**

RUNOFF ELECTION ONLY

**(PLEASE TYPE OR USE BLUE INK)**

1. Name of Candidate (First Name, Middle Initial, Last Name)	2. Address (include post office box or street, city, state, zip code)
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3. Telephone (optional) (     )	4. E-mail address:	5. Fax: (     )
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6. Office <input type="checkbox"/> Miami-Dade County Mayor <input type="checkbox"/> Miami-Dade County Commissioner	7. (District number if applicable)
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8. I am a qualified candidate pursuant to Chapter 99, Florida Statutes and Section 2.04 of the Miami-Dade Home Rule Charter. I acknowledge that I have read, understand and agree to comply with the requirements of Section 12-22 of the Code of Miami-Dade County. I have signed the Public Financing Acknowledgement Statement.

I desire to receive contributions from the Miami-Dade Election Campaign Financing Trust Fund.

- a) I agree to abide by the expenditure limits provided in the Subsection (e)(1).
- b) I agree to limit loans or contributions from my personal funds to \$25,000, which loans or contributions shall not qualify for meeting the threshold amounts in Subsection (d)(3).
- c) I agree to submit to audits of the campaign account by the Commission of Ethics and Public Trust as provided in Subsection (f)(3).
- d) I hereby, affirm that I did not exceed the expenditure limits provided in Subsection (e) (1) of Miami-Dade Code during the initial election (\$650,000 for Mayoral candidates, \$200,000 for Board of County Commissioners).

9. Signature of Candidate <b>X</b>	10. Date
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**Request for Funds**

Please choose **one** of the following options:

I hereby request to have my contribution from the Election Campaign Financing Trust Fund deposited by electronic funds transfer into the following account:

<b>Name of Receiving Financial Institution:</b>	<b>ABA #:</b>
_____	_____
<b>Name of Beneficiary Account:</b>	<b>Beneficiary Account #:</b>
_____	_____
<b>Campaign Account of</b>	
_____	

I hereby request to have my contribution from the Election Campaign Financing Trust Fund in the form of a check made payable to:

Campaign Account of	Name of Candidate
_____	_____
Date	<b>X</b> Signature of Candidate
_____	_____