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CANDIDATE QUALIFYING REQUIREMENTS
QUALIFYING PERIOD
Noon, July 26, 2016 to Noon, August 12, 2016
NOVEMBER 8, 2016 ELECTION

CANDIDATE:

MICHAEL P. CALLAHAN
03-01-16 11:16 RCVD

POSITION:

COUNCIL MEMBER SEAT
RECEIVED
JUL 26 2016
Clerks Ofc.

PICKED UP PACKAGE: _____

COMPLETED PACKAGE:
07-26-16 P04:51 RCVD

Qualifying Checklist:

X

Provided proof of Voter's Registration (for file)

X

Affidavit of Candidacy and Residency, Notarized AND Driver's License (for file)

03-01-16 X

Appointment of Campaign Treasurer and Designation of Campaign Depository Form DS-DE 9

03-01-16 X

Statement of Candidate DS-DE 84

X

Statement of Fair Campaign Practices

X

Loyalty Oath / Oath of Candidate DS-DE 25

X

Form 1 Statement of Financial Interests

X

Qualifying Fee of \$100.00 (Paid by Campaign Acct. Check No. 1001)

X

State Election Assessment (Paid by Campaign Acct. Check No. 1002)
One percent of annual salary (\$76.17 for Vice Mayor and Council Members – annual salary is \$7,617.36)



CANDIDATE CAMPAIGN INFORMATION RECEIPT
QUALIFYING PERIOD
Noon, July 26, 2016 to Noon, August 12, 2016

NOVEMBER 8, 2016 GENERAL ELECTION

I, Michael P. Callahan, HEREBY ACKNOWLEDGE RECEIPT OF A
CANDIDATE QUALIFYING INFORMATION PACKAGE ON THIS 1 DAY OF MARCH, 2016.

The following items shall be filed with the Town Clerk prior to the end of the qualifying period
(August 12, 2016 at Noon) in order to qualify to be placed on the ballot for the November 8, 2016
General Election:

- Provided proof of Voter's Registration (for file)
Affidavit of Candidacy and Residency, Notarized & Driver's License (for file)
03-01-16 - Appointment of Campaign Treasurer and Designation of Campaign Depository
Form DS-DE 9
03-01-16 - Statement of Candidate DS-DE 84
Voluntary Statement of Fair Campaign Practices
Oath of Candidate DS-DE 25
Form 1 Statement of Financial Interests
Qualifying Fee of \$100.00 (Paid by Campaign Acct. Check No. 1001)
State Election Assessment (Paid by Campaign Acct. Check No. 1002)
One percent of annual salary (\$76.17 for Vice Mayor and Council Members -
annual salary is \$7,617.36)



Further important information provided to the candidate:

- Town of Cutler Bay Ordinance 15-06 - Establishing Qualifying Period for 2016 Election
Town of Cutler Bay Ordinance 06-11 - Campaign Contributions by a Vendor
Town of Cutler Bay Town Charter
Town of Cutler Bay Council District Map
Town of Cutler Bay Election Sign Regulations
2016 Calendar of Reporting Dates
Candidate and Treasurer's Handbook
Compilation of Election Laws 2015
Miami Dade County Poll Watcher Information
Town of Cutler Bay Precinct List
Sunshine Guide and Code of Ethics Publication
Financial Forms: (Summary, Expenditures, Contributions, Waiver)

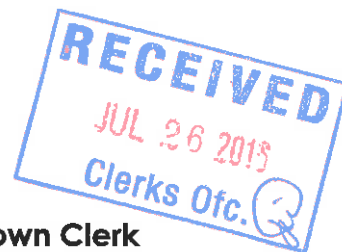
Signature

Date

Pursuant to F.S. 99.061(7)(c), the Town Clerk, as filing officer, performs a ministerial function in reviewing qualifying papers. In
determining whether a candidate is qualified, the filing officer shall review the qualifying paper to determine whether all items required
have been properly filed and whether each item is complete on its face. The filing officer may not determine whether the contents of the
qualifying papers are accurate. Please be advised that the information contained herein is intended as a reference guide only. The Town
Clerk's Office will provide assistance to candidates; however, it is not the responsibility of this Office to interpret Florida Statutes.



07-26-16P04:46 RCVD



Office of the Town Clerk

Jacqueline N. Wilson
Town Clerk

AFFIDAVIT OF CANDIDACY AND RESIDENCY

I, Michael P. Callahan, hereby file this Affidavit of Candidacy and Residency this 1 day of MARCH, 2016, for the office of TOWN COUNCIL SEAT #2 of the Town of Cutler Bay, Florida for the General Election to be held on November 8, 2016.

I swear and affirm that I am qualified elector pursuant to Section 5.1(A) of the Town Charter and have resided in the Town of Cutler Bay for at least two years preceding my qualifying date and that I have resided in the Residential Area for which I propose to represent on the Town Council continuously for at least one year preceding my qualifying date as required by Section 2.4 of the Town Charter.

[Signature]
Signature

Michael P. Callahan
Print Name

9280 CARIBBEAN BLVD
Address
305-282-5387
Telephone

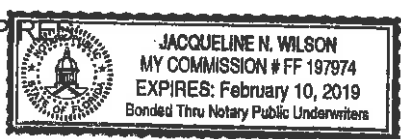
MPCallahan01@ATI.WNET
Email

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

BEFORE ME personally appeared who executed this Affidavit of Candidacy and Residency on this 26th day of March, 2016.

Jacqueline N. Wilson
NOTARY PUBLIC – STATE OF FLORIDA

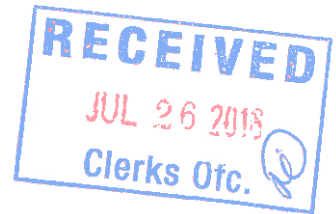
SEAL/COMMISSION EXPIRES



PERSONALLY KNOWN TO ME
 PRODUCED THE FOLLOWING IDENTIFICATION: Drivers License



**DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES**



AN EXPLANATION REGARDING YOUR RIGHTS

Section 2-11.1(D)(2) of the Code of Miami-Dade County, Florida, provides that any candidate for public office in Miami-Dade County may at any time *voluntarily* declare that he or she agrees to abide by the *voluntary* Statement of Fair Campaign Practices. In agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, the candidate recognizes, as compulsory, the authority of the Miami-Dade County Commission on Ethics and Public Trust to decide whether the candidate has violated the *voluntary* Statement of Fair Campaign Practices and, if so, to impose the appropriate penalty, if any.

Before agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, you should carefully read the *voluntary* Statement of Fair Campaign Practices included with this DECLARATION AND FIRST AMENDMENT WAIVER as well as the following information regarding your rights.

The Statement of Fair Campaign Practices is *voluntary*. You are under no obligation to agree to the *voluntary* Statement of Fair Campaign Practices. If you decide not to agree to the *voluntary* Statement of Fair Campaign Practices, you may still run for elective office in Miami-Dade County if you are qualified. There is NO PENALTY if you decide not to sign the *voluntary* Statement of Fair Campaign Practices.

If you decide to agree to the *voluntary* Statement of Fair Campaign Practices, you should know that you will be WAIVING YOUR FIRST AMENDMENT RIGHTS TO FREE SPEECH because certain speech prohibited by the *voluntary* Statement of Campaign Practices is protected by the First Amendment to the U.S. Constitution and Article I, Section 4, of the Florida Constitution. Prior to agreeing to comply with the *voluntary* Statement of Fair Campaign Practices, you should consider consulting an attorney to ensure that you understand the consequences of signing the DECLARATION AND FIRST AMENDMENT WAIVER.

Before signing this DECLARATION AND FIRST AMENDMENT WAIVER, you have the right to request and receive from the Ethics Commission an advisory opinion as to whether your planned campaign activities (e.g., campaign advertisement or statements) are likely to violate the *voluntary* Statement of Fair Campaign Practices. In the event that you sign the DECLARATION AND FIRST AMENDMENT WAIVER, you will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that you may be considering.

A determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER shall not be construed by Miami-Dade County or the Ethics Commission to mean that the candidate is unethical in any way. Further, a determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER should not be construed by any candidate or any other person or entity to mean that the candidate is unethical in any way.

INSTRUCTIONS

The DECLARATION AND FIRST AMENDMENT WAIVER, which includes the *voluntary* Statement of Fair Campaign Practices, can be found on page 2 of this form. If you are a candidate for county office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign the DECLARATION AND FIRST AMENDMENT WAIVER and file with the Miami-Dade Commission on Ethics and the Miami-Dade Elections Department. If you are a candidate for municipal office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign and file with the Miami-Dade Commission on Ethics and your respective municipal clerk. For further information, contact the Miami-Dade Office of Governmental Affairs at 305 499-8410.

Miami-Dade Commission on Ethics
19 W. Flagler St., Suite 820
Miami, FL 33130

Miami-Dade Elections Department
2700 NW 87th Ave. *or* P.O. Box 521550
Doral, FL 33172 Miami, FL 33152-1550



**DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- **ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Michael P. Callahan, a candidate for the office of
please print your name
Town Council Seat #2 in Cutler Bay
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x 3/1/16
Signature Date



DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED
by the **Mandatory Provisions** of the
Miami-Dade Ethical Campaign Practices Ordinance
Miami-Dade County Code at 2-11.1.1(C) (1)

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—


- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (b) With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

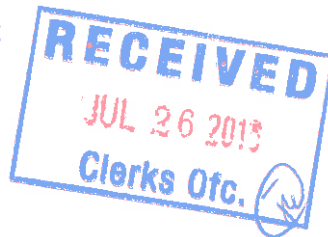
If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, Michael P. Callahan, a candidate for the office of
please print your name

Town Council SEAT #2 in CUTLER BAY
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x  3/1/16
Signature **Date**



CANDIDATE OATH – NONPARTISAN OFFICE

(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Michael P. Callahan
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Town Council, 2
(office) (district #)
2; I am a qualified elector of MIAMI DADE County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

[Signature] (305) 282-5387 MCCallahan01@ATT.NET
Signature of Candidate Telephone Number Email Address

9280 CARIBBEAN BLVD COVEN BAY FL 33157
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109982424

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

michAL KAL-la-han

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 26th day of July, 20 16.

Personally Known: or

Produced Identification:

Type of Identification Produced: Drivers License

Jacqueline N. Wilk
Signature of Notary Public



FORM 1

STATEMENT OF FINANCIAL INTERESTS

2015

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Callahan Michael Patrick

MAILING ADDRESS :

9280 Caribbean Blvd

CITY :

Cutler Bay

ZIP :

33157

COUNTY :

Miami Dade

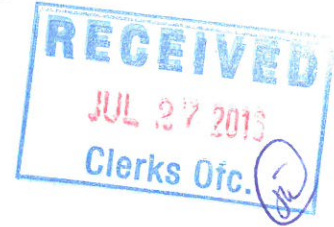
NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Town of Cutler Bay Council Seat #2

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE



07-27-16A10:55 RCVD

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Eastridge Of Cutler Bay	19301 SW 87th Ave	Senior Living Community

PART B -- SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

21483 SW 86 Place Cutler Bay Fl 33157
8307 SW 142 Ave #F104 Miami Fl 33183

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Bank Account	Space Coast Credit Union
IRA	New York Life

RECEIVED
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 CLERKS ETC.

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase	PO Box 24696 Columbus OH 43224
Wells Fargo	420 Montgomery St San Fransico CA

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY #	
	1	2
NONE		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING

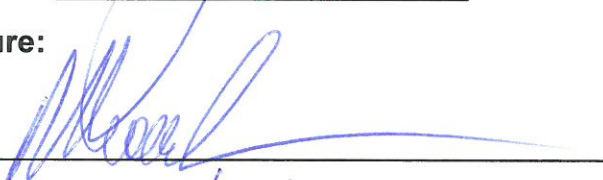
For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:

7/27/16

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

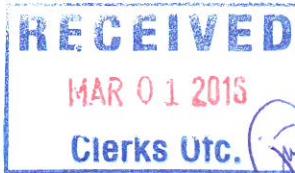
Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



03-01-16A11:14 RST/D

I, Michael P. Callahan ,

candidate for the office of Cutler Bay Town Council Seat 2 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

A handwritten signature in blue ink, appearing to read "Michael P. Callahan", written over a horizontal line.

Signature of Candidate

A handwritten date "2/28/16" in blue ink, written over a horizontal line.

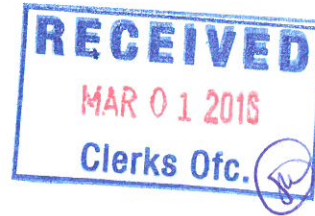
Date

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)



03-01-16A11:14 RCVD

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)
Michael Patrick Callahan

3. Address (include post office box or street, city, state, zip code)
9280 CARIBBEAN BLVD
CUTLER BAY FL 33157

4. Telephone
(305) 282-5387

5. E-mail address
MPCallahan01@ATT.NET

6. Office sought (include district, circuit, group number)
TOWN COUNCIL SEAT #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
David A Houtz

11. Mailing Address
8874 S.W. 196 Terr

12. Telephone
(305) 206-3071

13. City
Cutler Bay

14. County
MIAMI-DADE

15. State
FL

16. Zip Code
33157

17. E-mail address
hooatr6@yahoo.com

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

19. Name of Bank
SUN STATE BANK

20. Address
20351 OLD CUTLER ROAD

21. City
CUTLER BAY

22. County
MIAMI DADE

23. State
FL

24. Zip Code
33189

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
2/28/16

26. Signature of Candidate
[Signature]

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

I, David A Houtz, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2-28-16
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer