

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)

David Anthony Mercado

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

643 Commargo Rd NW Palm Bay FL 32907

4. Telephone

(688) 361-8290

5. E-mail address

DMercado@votedavidmercado.com

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

Palm Bay City 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

Maritza Ramos-Mercado

11. Mailing Address

643 Commargo Rd NW

12. Telephone

(973) 985-8162

13. City

Palm Bay

14. County

Brevard

15. State

FL

16. Zip Code

32907

17. E-mail address

maritza@votedavidmercado.com

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

19. Name of Bank

Bank of America

20. Address

190 Malabar Ln SW Ste 118

21. City

Palm Bay

22. County

Brevard

23. State

FL

24. Zip Code

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

11/29/10

26. Signature of Candidate

X [Signature]

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

I, Maritza Ramos-Mercado, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/29/10

Date

X [Signature]

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 TYPE)

OFFICE USE ONLY

Office of The

City Clerk

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate 1. Address (include post office box or street, city, state, zip code)

David Anthony Mercado 643 Commage Rd NW
Palm Bay FL 32907

Telephone (optional) 2. Party (Partisan candidates only) 3. Office (add district, circuit, group number)

(678) 361-8290 Democratic Palm Bay City Council Seat 2

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

4. Name of Treasurer or Deputy Treasurer

David Mercado

5. Mailing Address (If post office box or drawer add street address) 6. Telephone

643 Commage Rd NW 678-361-8290

7. City 8. County 9. State 10. Zip Code

Palm Bay Brevard FL 32907

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank 12. Street Address

Bank of America 190 Malabar Rd SW Ste 118

13. City 14. County 15. State 16. Zip Code

Palm Bay Brevard FL

17. Signature of Candidate Date

X  11/30/10

Campaign Treasurer's Acceptance of Appointment

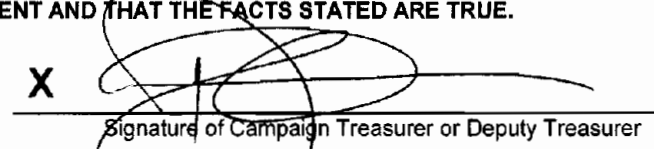
I, David Anthony Mercado, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of David Anthony Mercado

who is seeking nomination or election as a Nonpartisan candidate to the office of
(Party)

Palm Bay City Council Seat 2

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

11/30/10 X  Date Signature of Campaign Treasurer or Deputy Treasurer

City of Palm Bay, Florida

Office of The

AFFIDAVIT
RESIDENCY OF CANDIDATE

City Clerk

City Clerk

I, David A Mercado, a candidate for the Office of City Council (circle one);

Mayor

Seat 2

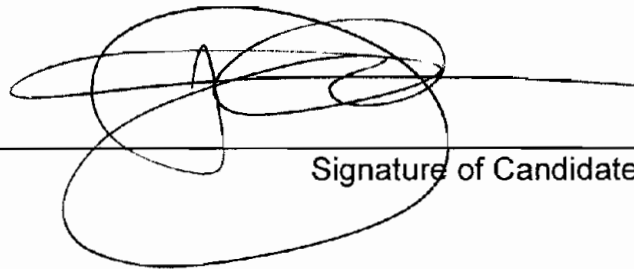
do hereby solemnly swear or affirm:

- 1) I have been a resident of the City of Palm Bay for two (2) years prior to the election date.
 - 2) I am a registered voter of the City of Palm Bay.
 - 3) Have you ever been convicted of a felony? Yes _____ No ✓
- If 'yes', have your civil rights been restored? Yes _____ No _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT FOR QUALIFICATION OF CANDIDATE AND THAT THE FACTS STATED IN IT ARE TRUE.

SIGN HERE ⇨

x



Signature of Candidate

643 Commenge Rd NW
Mailing Address

(678) 361-8290
Day Phone

()
Fax Number

Palm Bay
City

FL
State

32907
Zip Code

11/29/10
Date Signed

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

Office of The

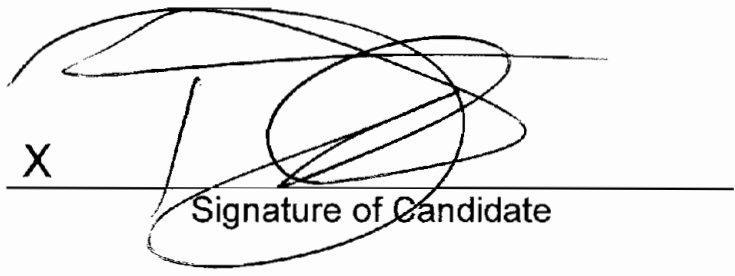
25 04 2010

City Clerk

I, David Anthony Mercado,
candidate for the office of Palm Bay City Council Seat 2;

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

X



Signature of Candidate

11/30/10

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).

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) David Mercado
Name
(2) 643 Cammergo Rd NW
Address (number and street)
Palm Bay FL 32907
City, State, Zip Code

OFFICE USE ONLY
Office of the

City Clerk
POSTMARKED 1.10.11

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): Palm Bay City Council Seat 2
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 1 / 10 To 12 / 31 / 10 Report Type _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 60.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 50.00

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 60.00

(10) TOTAL Monetary Expenditures To Date

\$ 50.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Martiza Ramos-Mercado

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) David Mercado

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David Mercado (2) I.D. Number _____

(3) Cover Period 10 / 1 / 10 through 12 / 31 / 10 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
12 / 1 / 10 1	Lopez, Samuel 2129 Royal Poincane Melbourne FL 32935	I		CHE			\$10.00
12 / 12 / 10 2	Ramos-Mercado Martha 643 Commerce Rd NW Palm Bay FL 32907	I		CAS			\$50.00
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name David Mercado

(2) I.D. Number _____

(3) Cover Period 10 / 1 / 10 through 12 / 31 / 10

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
12/12/10 	DJ Orlando 321-917-0031 Palm Bay, FL, 32907	Democratic Club Christmas Party DJ	DIS		\$150.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					



April 13, 2011

Mr. David A. Mercado
643 Commargo Road, NW
Palm Bay, FL 32907

CERTIFIED/RETURN RECEIPT REQUESTED

RE: City Council Seat 2 – Campaign Treasurer’s Report, Quarterly

Dear Mr. Mercado:

Your quarterly campaign treasurer’s report, which was due Monday, April 11, 2011, has not been received.

Pursuant to Section 106.07(8)(b), Florida Statutes, a fine is to be assessed of \$50 per day for the first three (3) days late and thereafter, \$500 per day. However, fines cannot exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report.

Once your report is filed, this office will notify you of the specific amount of your fine. Your report is required to be filed within three (3) days from receipt of this letter.

If you should have any questions, please contact me at 321-952-3414.

Sincerely,

CITY OF PALM BAY

Alice Passmore, CMC
City Clerk

tmj

Legislative Department

120 Malabar Road SE • Palm Bay, FL 32907-3009
Phone: 321.952.3400 • Fax: 321.952.3401
Visit our website: www.palmbayflorida.org



July 18, 2011

Mr. David A. Mercado
643 Commargo Road, NW
Palm Bay, FL 32907

CERTIFIED/RETURN RECEIPT REQUESTED

RE: City Council Seat 2 – Campaign Treasurer's Report, Quarterly

Dear Mr. Mercado:

Your quarterly campaign treasurer's report, which was due Monday, July 11, 2011, has not been received.

Pursuant to Section 106.07(8)(b), Florida Statutes, a fine is to be assessed of \$50 per day for the first three (3) days late and thereafter, \$500 per day. However, fines cannot exceed 25% of the total receipts or expenditures, whichever is greater, for the period covered by the late report.

Once your report is filed, this office will notify you of the specific amount of your fine. Your report is required to be filed within three (3) days from receipt of this letter.

If you should have any questions, please contact me at 321-952-3414.

Sincerely,

CITY OF PALM BAY

A handwritten signature in black ink, appearing to read "Alice Passmore".

Alice Passmore, CMC
City Clerk

tmj

Legislative Department

