

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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**MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**

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)

LYNDA G. BELL

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

*343 NW 19th Street
Homestead, FL 33030*

4. Telephone

(786) 208-3292

5. E-mail address

LYNDA@LYNDA.BELL.COM

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

County Commissioner, District 8

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

THOMAS McDONALD

11. Mailing Address

90 S.W. 3rd Street, # 2814

12. Telephone

(305) 371-6200

13. City

Miami

14. County

DADE

15. State

FL

16. Zip Code

33130

17. E-mail address

TMCDONALD@MALLAHFORMER.COM

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

19. Name of Bank

Sabadell United Bank NA

20. Address

1111 Brickell Avenue, 29th Floor

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33131

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

1/22/14

26. Signature of Candidate

X [Signature]

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

I, Thomas McDonald, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/22/14

Date

X

Signature of Campaign Treasurer or Deputy Treasurer