

**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.

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MIAMI-DADE
ELECTIONS

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)

SONIA ALFARO

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

853 NW 133 COURT
MIAMI, FLORIDA 33182

4. Telephone

(786) 348-7074

5. E-mail address

soniaalfarore@yahoo.com

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

MIAMI-DADE PROPERTY APPRAISER

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

LISSETTE SARDINAS

11. Mailing Address

11212 SW 129 PLACE

12. Telephone

()

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33182

17. E-mail address

soniaalfarore@yahoo.com

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

19. Name of Bank

BB & T BANK

20. Address

14690 SW 8 STREET MIAMI FL 33184

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FLORIDA

24. Zip Code

33182

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

04/08/2014

26. Signature of Candidate

X 

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

I, Lisette Sardinas, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/7/2014

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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ELECTIONS

I, SONIA ALFARO ,

candidate for the office of MIAMI-DADE COUNTY APPRAISER ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate



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).



Access to Handbook and the Election Laws of the State of Florida

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Candidate/Chairperson:

MIAMI-DADE ELECTIONS

SONIA

ALFARO

First Name

Middle Name

Last Name

MIAMI-DADE PROPERTY APPRAISER

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by:

[Handwritten Signature]

Candidate / Chairperson Signature

Date: 04/08/2014

Primary Telephone Number: 786-348-7074

Alternate Telephone Number: 786-269-5506

E-mail address: soniaalfarore@yahoo.com

**Campaign Treasurer's Report
Miami-Dade County Electronic Filing Requirements**

Candidate (office sought): MIAMI-DADE PROPERTY APPRAISER

Candidate's Florida Voter Registration Number: 109361532

Political Committee: _____

Party Executive Committee: _____

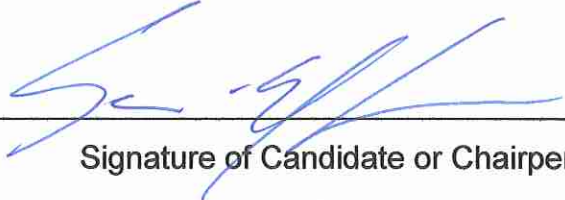
Other: _____

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ELECTIONS

I, SONIA ALFARO
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report ([MD-ED 26](#)) to disclose the names of paid campaign workers engaged in absentee ballot activities.



Signature of Candidate or Chairperson

04/08/2014

Date

Day Time Telephone Number: 786-348-7074

Alternate Contact Number: 786-269-5506

Email Address: soniaalfarore@yahoo.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.