

**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  
ELECTIONS

**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)

SONIA ALFARO

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

853 NW 133 Ct  
Miami, FL 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**

( 305 ) 972-3583

**13. City**

MIAMI

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33126

**17. E-mail address**

Lsardinas@armorcorrectional.com

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

**19. Name of Bank**

Sabadell United Bank

**20. Address**

1688 Meridian Ave.

**21. City**

Miami Beach

**22. County**

Miami-Dade

**23. State**

FL

**24. Zip Code**

33139

**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**

4/8/2014

**26. Signature of Candidate**

X

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

I, LISSETTE SARDINAS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

4/8/2014  
Date

X

Signature of Campaign Treasurer or Deputy Treasurer