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

RECEIVED

2014 APR 23 AM 9: 39

MIAMI-DADE ELECTIONS

| officer before opening the | e campa | ign account. | | | | | | | | OFFICE | USE | ONLY |
|---|--|--------------------------------------|----------|---|--|-------------|----------|----------|----------|--------------|-------|-------|
| 1. CHECK APPROPRIATE Initial Filing of Form | | 5): -filing to Change: | т | reası | urer/D | eputy [| Depo | sitory | | Office | | Party |
| Name of Candidate (in this order: First, Middle, Last) Jacqui Colyer | | | | 3. Address (include post office box or street, city, state, zip code) 295 NE 82nd Street Miami FL 33138 | | | | | | | | |
| 4. Telephone | 5. E-ma | il address | | MIANU, FL 33130 | | | | | | | | |
| (305) 332-3236 | coly | colyer4109@yahoo.com | | | | | | | | | | |
| 6. Office sought (include district, circuit, group number) | | | | | 7. If a candidate for a nonpartisan office, check if | | | | | | | |
| Miami-Dade Property Appraiser | | | | applicable: My intent is to run as a Write-In candidate. | | | | | | | | |
| 8. If a candidate for a part | <u>isan</u> offi | ce, check block | and fill | l in n | ame c | of party as | applica | able: N | Vly inte | nt is to rur | as a | |
| Write-In No | Write-In No Party Affiliation Party Candidate. | | | | | | | | | | | |
| 9. I have appointed the fo | llowing | person to act as | my | | Cam | paign Trea | surer | XX | Deputy | Treasure | r | |
| 10. Name of Treasurer or E Rasha Cameau | eputy Tr | easurer | | | | 8 | 2 | | | 12 | | |
| 11. Mailing Address 570 NW 103rd Stre | 11. Mailing Address 12. Telephone (305) 915-2392 | | | | | | | | | | | |
| 13. City Miami | 14. County Miami-Dade 15. State FL 16. Zip Code 33150 17. E-mail address rashacameau@vahoo.com | | | | | | com | | | | | |
| 8. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | - | | | | | | |
| 19. Name of Bank Cl Bank | CONTRACTOR SANCE OFFICIAL PROPERTY AND A STATE OF THE SANCE OF THE SAN | | | | | | | | | | | |
| 21. City | | 22. County | | | | 23. State | | | | 24. Zip Co | | |
| Miami | | Miami-Da | de | | | Flor | ida | | | 3312 | 7 | |
| UNDER PENALTIES OF PERJU DESI | | ARE THAT I HAVE I OF CAMPAIGN DEF | | | | | | | | IPAIGN TRE | ASURE | R AND |
| 25. Date 26. Signature of Candidate | | | | | | | | | | | | |
| 4-22-14 × talately | | | | | | | | | | | | |
| 27. Treasure | er's Acce | eptance of Appo | intmen | t (fiji/i | in the | blanks and | check (| he appr | ropriate | block) | | |
| I,, do hereby accept the appointment | | | | | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | | |
| designated above as: | | Campaign T | reasure | r | XX | Deputy Tre | easurer. | 0 | | | | |
| 4/22/14 Date | ···· | | X. | Sign | nature | of Campai | on Treat | Surer or | Denut | v Treasur | or . | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | | | | | |

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

RECEIVED

2014 APR 23 AM 9: 39

MIAMI-DADE ELECTIONS

| officer before opening the | campaig | gn account. | | | | | | | OFFIC | E USE | ONLY |
|--|--|---|----------|--|---|--|-----------------------|------------------|-------------------------------|-------------|-------|
| 1. CHECK APPROPRIATE Initial Filing of Form | |): iling to Change: | . T | reasur | rer/De | eputy _ | Deposito | ry 🗀 | Office | | Party |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | | 3. Address (include post office box or street, city, state, zip | | | | | | |
| Jacqui Colyer | | | | co | code) 295 NE 82nd Street Miami FL 33138 | | | | | | |
| 4. Telephone | 5. E-mail | address | | | MIAIIL FL 33138 | | | | | | |
| (305) 332-3236 | col | yer4109@yaho | | | | | | | | | |
| 6. Office sought (include district, circuit, group number) | | | | | 7. If a candidate for a <u>nonpartisan</u> office, check if applicable: | | | | | | |
| Miami-Dade County Property Appraiser | | | | My intent is to run as a Write-In candidate. | | | | | | | |
| 8. If a candidate for a part | <u>isan</u> offic | e, check block | and fill | in na | me o | of party as | applicable | : My in | ent is to ru | n as a | |
| ☐ Write-In ☐ No F | Write-In No Party Affiliation Party candidate. | | | | | | 20.00 | | | | |
| 9. I have appointed the fol | lowing p | erson to act as | my | | Cam | paign Treas | surer 🔀 | Depu | ty Treasure | er | |
| 10. Name of Treasurer or D Jacqui Colyer | eputy Tre | asurer | | | | | | | | 2 | |
| 11. Mailing Address | 1. Mailing Address 12. Telephone | | | | | | | | | | |
| 295 NE 82nd Stree | t | | | | | | | (305 |) 332-3 | 236 | |
| 13. City Mi.ami. | 14. County 15. State Miami-Dade FL | | | ate | 16. 2 | 16. Zip Code 33138 17. E-mail address colyer4109@yahoo.com | | | | | |
| 18. I have designated the | following | bank as my | × | R Pr | rimar | y Depositor | у 🔲 | Second | ary Deposit | ory | |
| 19. Name of Bank Cl Bank | | | i. | 20. A | | ss North Mi | iami Aven | nue | | | |
| 21. City | | 22. County | , | | | 23. State | | (a) (b) | 24. Zip C | ode | |
| Miami | | Miami-Dade | | | | Flori | ida | d | 3312 | 7 | . , |
| UNDER PENALTIES OF PERJUR | | ARE THAT I HAVE I OF CAMPAIGN DEP | | | | | | | | EASURE | R AND |
| 25. Date 26. Signature of Candidate | | | | | | | | | | | |
| HERZ-144 X CONTROLLER | | | | | | | | | | | |
| 27. Treasure | r's Accep | otance of Appo | intmen | fill in | the | blanks and | check the a | appropria | te block) | | |
| I,, do hereby accept the appointment | | | | | t | | | | | | |
| A | (Please | 545 | | | 1 | | 1 | | | | |
| designated above as: | | Campaign T | reasure | | KX | Deputy Tre | asurer. | 1 | | | |
| Date | A | #-22-14 | X | Signa | all | of Campaio | Man Treasure | er or Dep | uty Treasur | er | |
| 21. City Miami UNDER PENALTIES OF PERJUE DESIGN 25. Date ################################### | r's Accep | Miami-Dade ARE THAT I HAVE I OF CAMPAIGN DEP | intmen | 26. S | EGOIN THAT | 23. State Flori IG FORM FOR THE FACTS S ture of Can | APPOINTMISTATED IN IT | ENT OF CARE TRUI | 3312' AMPAIGN TR E. te block) | 7 EASURE | |

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.

RECEIVED



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

2014 APR 23 AM 9: 39

MIAMI-DADE ELECTIONS

| Candidate/Chairperson: | | ELECTIONS |
|--|--|---|
| Jacquetta B. Colyer | | |
| First Name | Middle Name | Last Name |
| Miami-Dade County Prop | erty Appraiser | |
| 0 | ffice Sought / Organization | |
| I acknowledge that it is my requirements described in the County Elections Department W | e following resources | understand and follow the available on the Miami-Dade |
| | e Laws and Handbooks, the Indbooks, Qualifying Inform | e Election Laws of the State of ation, Electronic Reporting Dates |
| Political Committee Handboo Contains information on State Florida, County Laws and Ha Important Committee Informa | e Laws and Handbooks, the andbooks, Electronic Repon | e Election Laws of the State of ting Dates and Procedures, |
| Acknowledged by: | a Cation | |
| Date: | Candidate Chairperson | Signature |
| Primary Telephone Number: | (305) 332–3236 | |
| Alternate Telephone Number: | 305-758 960 | 23 |
| E-mail address: | er4109@yahoo.com | |

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

RECEIVED

| | | WELL 1 2 2 2 2 2 |
|--|----------------------|--------------------|
| XX Candidate (office sought):Miami-Dade Count | y Property Appra | |
| Candidate's Florida Voter Registration Number: _ | 109039290 | MIAMI-D ELECTIO |
| □ Political Committee: | | |
| □ Party Executive Committee: | | |
| □ Other: | | |
| Jacquetta B. Colyer | | |
| (Please print name of Candidate or Candidate | hairperson) | |
| understand that Campaign Treasurer's Reports \underline{m} | ust be filed electro | onically via the |
| Supervisor of Elections website by midnight of the | day designated in | order to comply |
| with Miami-Dade County requirements. I also acknow | wledge that Section | s 12-17 and 12- |
| 21 of the Code of Miami-Dade County regarding | the filing of the ca | impaign finance |
| reports with the Supervisor of Elections were recen- | tly amended in that | t original signed |
| hardcopies are no longer required. | | |
| I also understand that, in accordance with Section 1 | 2-14.1 of the Code | of Miami-Dade |
| County, Florida, candidates running for the Office | es of Miami-Dade | County Mayor, |
| Commissioner, Property Appraiser, Clerk of the Circ | uit Courts, and Cor | mmunity Council |
| must now file the Absentee Ballot Campaign Report | (MD-ED 26) to disc | close the names |
| of paid campaign workers engaged in absentee ballo | t activities. | |
| taralety | g | 22-14 |
| Signature of Candidate or Chairperson | | Date |
| Day Time Telephone Number: (305) 332-3236 | | |
| Alternate Contact Number: 305-758-96 | ,23 | |
| Email Address: _colyer4109@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.