

**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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2014 APR 23 AM 9:39

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)

Jacqui Colyer

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

295 NE 82nd Street
Miami FL 33138

4. Telephone

(305) 332-3236

5. E-mail address

colyer4109@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

Rasha Cameau

11. Mailing Address

570 NW 103rd Street

12. Telephone

(305) 915-2892

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33150

17. E-mail address

rashacameau@yahoo.com

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

19. Name of Bank

Cl Bank

20. Address

2632 North Miami Avenue

21. City

Miami

22. County

Miami-Dade

23. State

Florida

24. Zip Code

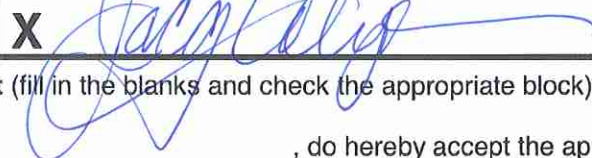
33127

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

4-22-14

26. Signature of Candidate

X 

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

I, Rasha Cameau, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/22/14
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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25. Date

4-22-14

26. Signature of Candidate

X 

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

I, Jacqui Colyer, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

 4-22-14
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer



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

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Jacquetta B. Colyer

First Name	Middle Name	Last Name
Miami-Dade County 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>) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by:

Jacquetta B. Colyer

Candidate / Chairperson Signature

Date:

4-22-14

Primary Telephone Number:

(305) 332-3236

Alternate Telephone Number:

305-758-9623

E-mail address:

colyer4109@yahoo.com

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

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Candidate (office sought): Miami-Dade County Property Appraiser

Candidate's Florida Voter Registration Number: 109039290

MIAMI-DADE
ELECTIONS

Political Committee: _____

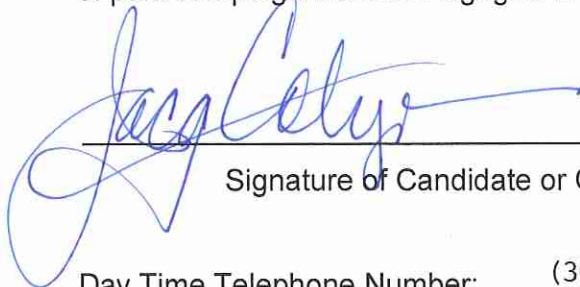
Party Executive Committee: _____

Other: _____

I, Jacquetta B. Colyer
(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

4-22-14

Date

Day Time Telephone Number: (305) 332-3236

Alternate Contact Number: 305-758-9623

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.