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 filing officer before opening the campaign account.

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1. CHECK APPROPRIATE BOX(ES):							
$lacksquare$ Initial Filing of Form $\ \square$ Re-filing to Change: $\ \square$	Treasur	er/Depu	ty 🗆 De	pository	☐ Offic	ce 🗆 Party	
2. Name of Candidate (in this order: First, Middle, Last): 3. Address (include PO Box or Street, City, State, Zip Code):							
(Please Print or Type Name) Alina Salcines Restrepo			13500 SW 88th Street, Suite 265				
Allia Salcines Restrepo			Miami, Florida 33186				
4. Telephone: 5. Candidate's Voter	Registra	tion #:	6. Email Ad	dress:			
109580043	_		alina@	docr	lowoffi	coc com	
(305)442-0306 (not required for quality)			ces.com	
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:							
Miami-Dade County, 11th Judicial Circuit, Group 29							
9. If a candidate for <u>partisan</u> office, check the box a	nd fill in t	he nam	e of the part	y as app	olicable: I int	end to run as a	
☐ Write-In Candidate. ☐ No Party Affiliation Candid	date. Г					Party candidate.	
<u> </u>	_						
10. I have appointed the following person to act as	my:		aign Treasure	er	-	y Treasurer	
11. Name of Treasurer or Deputy Treasurer:		12. Te	ephone:		13. Email		
Dania S. Fernandez		(305)254-4492	2	dania@	ndsfpa.com	
14. Mailing Address:	15. Cit	y:		16. St	ate:	17. Zip Code:	
13500 SW 88th Street, Suite 265	Miami			Florid	а	33186	
18. I have designated the following bank as my (ch	eck appro	opriate b	ox): 🔳 Prima	ary Depo	ository 🗌 S	Secondary Depository	
19. Name of Bank:			ddress:				
First Horizon			IW 37th A				
21. City:	22. Co	_		23. St		24. Zip Code:	
Miami	Miami-			Florid		33125	
UNDER PENALTIES OF PERJURY, I DECLARE THAT CAMPAIGN TREASURER AND DESIGNATION OF THE C	I HAVE RE	AD THE	FOREGOING	FORM F	OR THE APP	OINTMENT OF THE TED IN IT ARE TRUE.	
			gnature of C				
25. Date: 2/20/2024		X	W.	1			
27. Treasurer's Acceptance of Appointm	ent (fill in		ks and chart	the and	propriate boy	\	
Treasurer 3 Asseptance of Appointme	CHE (IIII III	ale biai	ins and dies	tile app	oropriate box	,	
Dania S. Fernandezdo hereby accept the appointment designated above as:							
(Please Print or Type Name)		_40 1161	oby accept th	ο αμμυπ	imieni desigi	110100 above as.	
■ Campaign Treasurer			☐ Deputy T		/		
28. Date: 02/20/2024		29. Signature of Campaign Treasurer of Deputy Treasurer					
		X					
DS-DE 9 (Eff. 10/23)						Rule 1S-2.001, F.A.C.	
		1574.00					

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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opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): ■ Initial Filing of Form
□ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Partv 2. Name of Candidate (in this order: First, Middle, Last): 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 13500 SW 88th Street, Suite 265 Alina Salcines Restrepo Miami, Florida 33186 4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address: 109580043 alina@asrlawoffices.com (305)442-0306 (not required for qualifying purposes) 8. If a candidate for a <u>nonpartisan</u> office, check the box 7. Office Sought (include district, circuit, group, or seat #): if applicable: Miami-Dade County, 11th Judicial Circuit, Group 29 ☐ I intend to run as a Write-In Candidate. 9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a □ Write-In Candidate. ☐ No Party Affiliation Candidate. Party candidate. 10. I have appointed the following person to act as my: ☐ Campaign Treasurer Deputy Treasurer 11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address: Alina Salcines Restrepo dania@dsfpa.com (305) 254-4492 14. Mailing Address: 15. City: 16. State: 17. Zip Code: 13500 SW 88th Street, Suite 265 Miami Florida 33186 18. I have designated the following bank as my (check appropriate box): I Primary Depository 19. Name of Bank: 20. Address: First Horizon 102 NW 37th Avenue 21. City: 22. County: 23. State: 24. Zip Code: Miami Miami-Dade Florida 33125 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate: 25. Date: 2/20/2024 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) Alina Salcines Restrepo do hereby accept the appointment designated above as: (Please Print or Type Name) ☐ Campaign Treasurer. Deputy Treasurer. 29. Signature of Campaign Treasurer of Deputy Treasurer 28. Date: 02/20/2024 X DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.

STATEMENT OF CANDIDATE FOR JUDICIAL OFFICE

(Section 105.031(5), F.S.)
(Please Type)

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RIANHOUSE COMMEY ELECTIONS DEVARTMENT

Alina Salcines Restrepo

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.

(Signature of candidate)

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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KIASHD WE GUV IT / ELECTIONS DETARTS EVV

Alina Salcines Restrepo	,					
candidate for the office of Miami-Dade County Court Judge, 11th Judicial Circuit, Group 29	;					
have been provided access to read and understand the requirements of						
Chapter 106, Florida Statutes.						
× 2/20/211						
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

Candidate/Chairperson:		
Alina	Salcines	Restrepo
First Name	Middle Name	Last Name
Miami-Dade Cour	ty Court Judge,	Judicial Circuit, Grav
	Office Sought / Organizatio	n ,
l acknowledge that it is requirements described i County Elections Departme	n the following resources	d, understand and follow the available on the Miami-Dade
Contains information or Florida, County Laws a	e.gov/global/elections/candidatents 1 State Laws and Handbooks, th	ne Election Laws of the State of mation, Electronic Reporting Dates
Contains information or Florida, County Laws a	ndbook e.gov/global/elections/political-co n State Laws and Handbooks, th nd Handbooks, Electronic Repo nformation, and Recent Legislati	ne Election Laws of the State of rting Dates and Procedures,
Acknowledged by:	Candidate / Chairpersor	n Signature
Date:2/2	0/24	20241
Primary Telephone Numb	oer: 305-442-0306	1
Alternate Telephone Num	_{ber:} 305-431-6671	
E-mail address: alina(@asrlawoffices.com	

Campaign Treasurer's Report Miami-Dade County Electronic Filing Requirement COUNTY



Candidate (office sought): Miami-Dade County Court Judge, 11th Judicial Circuit, Group 29	
Candidate's Florida Voter Registration Number: 109580043	- n
Political Committee:	Ē j
Party Executive Committee:	a m
Other:	8 11
I, Alina Salcines Restrepo	79 3
(Please print name of Candidate or Chairperson)	
	9
understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the Super Elections website by midnight of the day designated in order to comply with Mia County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Dade County regarding the filing of the campaign finance reports with the Supervisor of were recently amended in that original signed hardcopies are no longer required.	ami-Dade of Miami-
I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade Florida, candidates running for the Offices of Miami-Dade County Mayor, Commission Community Council must now file the Vote by Mail Campaign Report (MD-ED disclose the names of paid campaign workers engaged in vote by mail ballot act applicable.	ner, and <u>26</u>) to
Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates runthe Offices of Miami-Dade County Mayor, Commissioner, and Community Council must the Reporting of Solicitation of Contributions for Political Committees, Electi Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED publicly disclose when they commence solicitation activities for Political Communications Organizations, Political Parties, and/or organizations, if applicable.	nning for now file oneering
Signature of Candidate or Chairperson $\frac{2/20/24}{}$	_
Date	
Day Time Telephone Number: 305-442-0306	_
Alternate Contact Number: 305-431-6671	_
Email Address: alina@asrlawoffices.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.