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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT OFFICE USE ONL

| opening the campaign account. | OFFICE USE ONLY | | | | |
|--|---|--|--|--|--|
| 1. CHECK APPROPRIATE BOX(ES): | | | | | |
| ☑Initial Filing of Form ☐ Re-filing to Change: ☐ Treasu | rer/Deputy 🗌 Depository 🔲 Office 🔲 Party | | | | |
| 2. Name of Candidate (in this order: First, Middle, Last): 3. Address (include PO Box or Street, City, State, Zip C | | | | | |
| (Please Print or Type Name) | 14115 SW 160 COURT | | | | |
| Byon Par-Hernander | MIAMI, FL, 33196 | | | | |
| 4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address: | | | | | |
| (959) 692-2989 120892360 (not required for qualifying purposes) 7. Office Sought (include district, circuit, group, or seat #): District 8. If a candidate for a nonpartisan office, check the box | | | | | |
| 7. Office Sought (include district, circuit, group, or seat #): District 8. If a candidate for a nonpartisan office, check the box if applicable: | | | | | |
| Miami - Dade County Commissioner [] I intend to run as a Write-In Candidate. | | | | | |
| 9. If a candidate for <u>partisan</u> 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 | | | | | |
| 11. Name of Treasurer or Deputy Treasurer: | 12. Telephone: 13. Email Address: | | | | |
| Nichdas OStermann (786) 647-0463 Nicobalebaria Minor-Com 14 Mailing Address: 15 City: 16 State: 17 Zin Code: | | | | | |
| 14. Maining Addices. | ty: 16. State: 17. Zip Code: | | | | |
| 3166 NW 42nd 81 APT301 Mic | 2mi FL 33142 | | | | |
| 18. I have designated the following bank as my (check appropriate box): Primary Depository | | | | | |
| 19. Name of Bank: Trurst Bank | 20. Address: 8701 SW 137th Ave N | | | | |
| 21. City: 22. Co | ounty: 23. State: 24. Zip Code: | | | | |
| Mrams Dade | e County FL 331813 | | | | |
| 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. | | | | | |
| 05 044 | 26. Signature of Candidate: | | | | |
| 25. Date: 2/28/24 | X | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) | | | | | |
| Nicholas Osternano | | | | | |
| I,do hereby accept the appointment designated above as:do hereby accept the appointment designated above as: | | | | | |
| ☐ Campaign Treasurer. ☐ Deputy Treasurer. | | | | | |
| 22 21 0 7/20 NO | 29. Signature of Campaign Treasurer or Deputy Treasurer | | | | |
| 28. Date: 02/27/4029 | X dra | | | | |
| DS-DE 9 (Rev. 09/23) | Rule 1S-2.0001, F.A.C. | | | | |

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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MIAMI-DADE COUNTY FLECTIONS DEPARTMENT

I, Bryan Paz-Hernande?

candidate for the office of Mrami-Dade County Commissioner;

District II

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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| | | | MIAMI-DA | ADE COUNT. S DEPARTMENT |
|--|---|--|---|----------------------------|
| Candidate/Chairperson: | | | ELLOTTOR | LE TOUT MADE & B |
| Bular | | | Paz-Herno | unde a |
| First Name | Middle | Name | Last Name | |
| | | | 2401114 | • |
| Mrami-Dade | County | Commiss | sroner Dist | rict [1 |
| | Office Sought | / Organization | | |
| I acknowledge that it is my requirements described in to County Elections Department County Candidate Qualifying Hand | he following Website: | lity to read, ເ resources av | understand and ailable on the l | follow the Miami-Dade |
| (https://www.miamidade.go Contains information on Sta Florida, County Laws and F and Procedures, Important | ov/global/election ate Laws and F Handbooks, Qu | landbooks, the E alifying Informati | lection Laws of the on, Electronic Repo | State of orting Dates |
| Political Committee Handbe (https://www.miamidade.go Contains information on Sta Florida, County Laws and F Important Committee Inform | v/global/electio ate Laws and F Handbooks, Ele | landbooks, the E ectronic Reporting | lection Laws of the Dates and Proced | State of |
| Acknowledged by: B | / Candidate | 2-Hernand /Chairperson Sig | gnature | _ |
| Primary Telephone Number: | 954- | 642-29 | 784 | _ |
| Alternate Telephone Number | : | | | _ |
| E-mail address: have De | a hermana | der for mito | milaconil | . (4)00 |

Reset Form

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



| Candidate (office sought): Mami-Dade County Commissioner District 11 |
|---|
| Candidate's Florida Voter Registration Number: 12 089 2360 |
| Political Committee: |
| Party Executive Committee: |
| Other: |
| 1, Bryan Paz-Hernandez |
| (Please print name of Candidate or Chairperson) |
| understand that Campaign Treasurer's Reports <u>must</u> 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, and Community Council must now file the Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable. |
| Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable. |
| Signature of Candidate or Chairperson Date |
| Day Time Telephone Number: 954 - 642 - 2984 |
| Alternate Contact Number: |
| Email Address: Dryan Paz hernandez for miami Cagmail. 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.