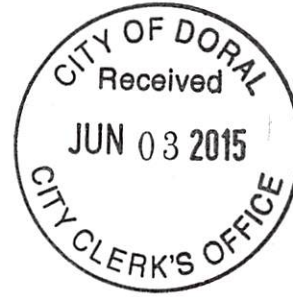


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)



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(PLEASE PRINT OR TYPE)

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)

DAVID HERNANDEZ

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

11377 NW 87 Lane  
Doral, FL 33178

4. Telephone

(305) 200-9460

5. E-mail address

dhernandez@hernandez-cpa.com

6. Office sought (include district, circuit, group number)

DORAL CITY COUNCIL  
SEAT # 3

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

DAVID HERNANDEZ

11. Mailing Address

11377 NW 87 LANE

12. Telephone

(305) 200-9460

13. City

DORAL

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33178

17. E-mail address

dhernandez@hernandez-cpa.com

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

19. Name of Bank

BANK UNITED

20. Address

7970 NW 36<sup>TH</sup> STREET

21. City

DORAL

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33166

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

06/03/15

26. Signature of Candidate

X [Signature]

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

I, DAVID HERNANDEZ, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

06/03/15

X

[Signature]

Date

Signature of Campaign Treasurer or Deputy Treasurer