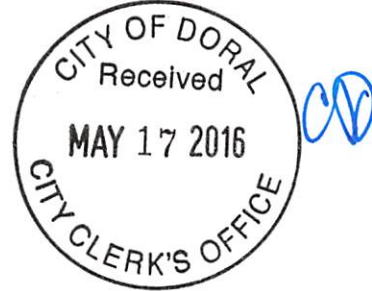# APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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.

*[Stamp: CITY OF DORAL — Received MAY 17 2016 — CITY CLERK'S OFFICE]*

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

[ ] Initial Filing of Form    Re-filing to Change: [ ] Treasurer/Deputy  [X] Depository  [ ] Office  [ ] Party

**2. Name of Candidate** (in this order: First, Middle, Last)
Jackelin Z Guiza

**3. Address** (include post office box or street, city, state, zip code)
10750 NW 48 ln
Doral - FL 33178

**4. Telephone**
(786) 8007839

**5. E-mail address**
Cabano651@Gmail.com

**6. Office sought** (include district, circuit, group number)
Council # 01

**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  [X] No Party Affiliation  [ ] _____ Party  candidate.

**9. I have appointed the following person to act as my** [X] Campaign Treasurer  [ ] Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**
Jackelin Guiza

**11. Mailing Address**
10750 NW 48 ln Doral

**12. Telephone**
(786) 8003839

**13. City** Doral

**14. County** Dade

**15. State** FL

**16. Zip Code** 33178

**17. E-mail address** Cabano651@Gmail.com

**18. I have designated the following bank as my** [X] Primary Depository  [ ] Secondary Depository

**19. Name of Bank**
Bank of America

**20. Address**
9705 NW 41 St

**21. City** Doral.

**22. County** Dade

**23. State** FL

**24. Zip Code** 33178

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**
05/17/2016

**26. Signature of Candidate**
X *[signature]*

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

I, Jackelin Z. Guiza , do hereby accept the appointment
(Please Print or Type Name)

designated above as: [X] Campaign Treasurer  [ ] Deputy Treasurer

05/17/2016
Date

X *[signature]*
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

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