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.



19 JUL '16 AM 10:28

OFFICE LISE ONLY

officer before opening the campaign account.					OF	-FICE 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)			3. Address (include post office box or street, city, state, zip code)				
JACKELINE ALERS			5171 NW 108 PLACE				
4. Telephone 5. E-mail address			DORAL, FL 33178				
(305) 977-1036 ALERS & @ COMCAFT.NET							
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if							ck if
applicable: COUNCIL SEAT +HI, DORAL MIAMI DADE My intent is to run as a Write-In candidat						didate.	
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a							
Write-In X No Party AffiliationParty candidate.							
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer							
10. Name of Treasurer or Deputy Treasurer							
JACKELINE ALBES							
11. Mailing Address 12. Telephone							
5171 NW 108 PLACE (305) 972-6636							
13. City	14. County	15. State				_	
DOPPL	MIAMI-DADE	FL	_ 33178 ALERIJE COM CAST. NET			JE9	
18. I have designated the following bank as my Primary Depository Secondary Depository							
19. Name of Bank 20			Address				
CITTBANK			10805 NW 41 STREET				
21. City	City 22. County		23. State		24. Zip Code		
DORAL MIAMI DADE			FL 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 26. Signature of Candidate							
7/19/16			X Calola Cel				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)							
I, ACKELINE ALERS , do hereby accept the appointment							
(Please Print or Type Name)							
designated above as: Campaign Treasurer Deputy Treasurer.							
7/19/16 X							
Date Signature of Campaign Treasurer or Deputy Treasurer							