APPOINTMENT OF CAMPAIGN TREASURE AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)	MAR 1 3 2017
NOTE: This form must be on file with the qualify 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) 3. Address (include post office box or street, city, state, zip	
BELINDA M LEON	code) 5850 NW III AVENUE
4. Telephone 5. E-mail address	DORAL FL 33178
(305)4949389 DelindaleonAdoral@gmail.com	
6. Office sought (include district, circuit, group number) CITY OF DORAL COUNCILMEM SEAT A	
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 AffiliationParty candidate.	
9. I have appointed the following person to act as my 🛛 🔀 Campaign Treasurer 🔲 Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer BELINDA LEON	
11. Mailing Address 5850 NW III AVE., DORAL	12. Telephone (305) 494 9389
	5. State 16. Zip Code 17. E-mail address FL 3317-8 belindaleon4doral@gmail.co
18. I have designated the following bank as my	
19. Name of Bank BANK OF AMERICA	20, Address 9705 NW 41ST STREET
21. City DORA 22. County MIAMIN	23. State24. Zip CodeADEFL33178
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 3/19/17	26. Signature of Candidate X Belinda Heen
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, BELINDA LEON , do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Treasurer.	
3/10/17 X Selinda Men	
Date	Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

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