| APPOINTMENT OF CAMPAIGN TREASURER<br>AND DESIGNATION OF CAMPAIGN<br>DEPOSITORY FOR CANDIDATES<br>(Section 106.021(1), F.S.)<br>(PLEASE PRINT OR TYPE)                                            |                     | APR 07 2017<br>CLERK'S OF |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|--------|--|
| 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 | e: 🔲 Ti                   | reasure                                                                                                               | /Deputy                                                                                                                    | Deposito | ory | Office [ | Party  |  |
| 2. Name of Candidate (in this order: First, Middle, Last)                                                                                                                                        |                     |                           | <ol> <li>Address (include post office box or street, city, state, zip code)</li> <li>11254 NW 88th Terrace</li> </ol> |                                                                                                                            |          |     |          |        |  |
| DIGNA E. CABRAL                                                                                                                                                                                  |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| 4. Telephone                                                                                                                                                                                     | 5. E-mail address   |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| (305) 747-8841                                                                                                                                                                                   | dignacab@yahoo.co   | om                        |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| 6. <b>Office sought</b> (include district, circuit, group number)<br>CITY OF DORAL, COUNCIL SEAT # 4                                                                                             |                     |                           |                                                                                                                       | 7. If a candidate for a <u>nonpartisan</u> office, check if<br>applicable:<br>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                                                                                                                                                                  |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| 9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer                                                                                                    |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| 10. Name of Treasurer or Deputy Treasurer<br>DIGNA E. CABRAL                                                                                                                                     |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| 11. Mailing Address                                                                                                                                                                              |                     |                           | 12. Telephone                                                                                                         |                                                                                                                            |          |     |          |        |  |
| 11254 NW 88th Terrace                                                                                                                                                                            |                     |                           |                                                                                                                       | (305)747-8841                                                                                                              |          |     |          |        |  |
| 13. City                                                                                                                                                                                         | 14. County          | 15. Sta                   | te 1                                                                                                                  | 16. Zip Code 17. E-mail address                                                                                            |          |     |          |        |  |
| Doral                                                                                                                                                                                            | Miami-Dade          | FL                        | 33178 dignacab@yahoo.com                                                                                              |                                                                                                                            |          |     |          |        |  |
| 18. I have designated the following bank as my                                                                                                                                                   |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| 19. Name of Bank20. AddressContinental National Bank5241 NW 87th Ave.                                                                                                                            |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| Continental National Bank521. City22. County                                                                                                                                                     |                     |                           |                                                                                                                       | 23. State 24. Zip Code                                                                                                     |          |     |          |        |  |
| Doral                                                                                                                                                                                            | Miami-Dade          |                           |                                                                                                                       | FL                                                                                                                         |          |     | 33178    | ,<br>, |  |
| 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 PACTS STATED IN IT ARE TRUE. |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| 25. Date 26. Signature of Candidate                                                                                                                                                              |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| 4/2                                                                                                                                                                                              | +117                |                           | Χ                                                                                                                     | CD.                                                                                                                        | A        | >   |          |        |  |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)                                                                                                   |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| I,DIGNA E. CABRAL /do hereby accept the appointment                                                                                                                                              |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| (Please Print or Type Name)                                                                                                                                                                      |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| designated above as: X Campaign Treasurer Deputy Treasurer.                                                                                                                                      |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| -4 7 17 x                                                                                                                                                                                        |                     |                           |                                                                                                                       | Alt                                                                                                                        |          |     |          |        |  |
| Date Signature of Campaign Treasurer of Deputy Treasurer                                                                                                                                         |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |
| DS-DE 9 (Rev. 10/10) Rule 1S-2.0001, F.A.C.                                                                                                                                                      |                     |                           |                                                                                                                       |                                                                                                                            |          |     |          |        |  |

| DS-DE 9 | (Rev. | 10/10) |
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