APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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MIANI-DADE COUNTY ELECTIONS DEPARTMENT

NOTE: This form must be on file with the qualifying officer before opening the campaign account. **OFFICE USE ONLY** 1. CHECK APPROPRIATE BOX(ES): Office Initial Filing of Form Re-filing to Change: Partv 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip Manuel Machado 4. Telephone 5. E-mail address (786) 325-9270 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: Miami-Dade County Commissioner, District 11 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 Partv candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer Manuel Machado 11. Mailing Address 12. Telephone (786) 325-9270 13. City 17. E-mail address 14. County 15. State 16. Zip Code 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address Total Bank 8311 SW 40 Street 21. City 22. County 23. State 24. Zip Code Miami Miami-Dade Florida 33155 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 3-16-2012 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Manuel Machado , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. X

X

Signature of Campaign Treasurer or Deputy Treasurer

3-16-2012

Date