## 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

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MIAMI-DADE ELECTIONS

| officer before opening the campaign account.   |                          |            |           |    |  |   |           |   | OFFIC     | E USE | ONLY  |  |
|--|--------------------------|------------|-----------|----|--|---|-----------|---|-----------|-------|-------|--|
| 1. CHECK APPROPRIATE BOX(ES):  ☑ Initial Filing of Form Re-filing to Change: ☐ Tree  |                          |            |           |    |  | Deputy [  | Depositor | у 🗆                                     | Office    |       | Party |  |
| 2. Name of Candidate (in this order: First, Middle, Last)  |                          |            |           |    |  | 3. Address (include post office box or street, city, state, zip |           |   |           |       |       |  |
| EDDIE LEWIS  |                          |            |           |    |  | code)<br>  9490 NW 1 AVE  |           |   |           |       |       |  |
| 4. Telephone 5. E-mail address   |                          |            |           |    | MIAMI SHORES, FL 33150                               |   |           |   |           |       |       |  |
| (305 ) 812-8516  | 516 INFO@VOTE4EDDIELEWIS |            |           |    |  |   |           |   |           |       |       |  |
| 6. Office sought (include district, circuit, group number)   |                          |            |           |    |  | 7. If a candidate for a <u>nonpartisan</u> office, check if     |           |   |           |       |       |  |
| DISTRICT 3   |                          |            |           |    | 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 No Party Affiliation Party Candidate.   |                          |            |           |    |  |   |           |   |           |       |       |  |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer  |                          |            |           |    |  |   |           |   |           |       |       |  |
| 10. Name of Treasurer or Deputy Treasurer  |                          |            |           |    |  |   |           |   |           |       |       |  |
| EDDIE LEWIS  |                          |            |           |    |  |   |           |   |           |       |       |  |
| 11. Mailing Address  |                          |            |           |    |  | 12. Telephone   |           |   |           |       |       |  |
| 9490 NW 1 AVE.   |                          |            |           |    |  | ( 305 ) 812-8516  |           |   |           |       |       |  |
| 13. City 14. County  |                          | •          | 15. State |    | - 1  | 6. Zip Code 17. E-mail address                                  |           |   |           |       |       |  |
| MIAMI SHORES   MIAMI-DADE   FL   |                          |            |           |    | 33150 INFO@VOTE4EDDIELEWIS.COM                       |   |           |   |           |       |       |  |
|  |                          |            |           |    |  | Primary Depository Secondary Depository                         |           |   |           |       |       |  |
| 19. Name of Bank   |                          |            |           |    | 20. Address  |   |           |   |           |       |       |  |
| BANK OF AMERICA  |                          |            |           |    | 9499 NE 2 AVE  |   |           |   |           |       |       |  |
| 21. City   |                          | 22. County |           |    |  | 23. State   |           |   | 24. Zip C | ode   |       |  |
| MIAMI SHORES Miami-Dade  |                          |            |           |    | FL 33120   |   |           |   |           |       |       |  |
| 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 2   |                          |            |           |    | 26. Signature of Candidate                           |   |           |   |           |       |       |  |
| 16 MAY12   |                          |            |           |    | ( folder   |   |           |   |           |       |       |  |
| 27. Treasurer's Acceptance of Appointment (fill-in the blanks and check the appropriate block)   |                          |            |           |    |  |   |           |   |           |       |       |  |
| I, EDDIE LEWIS   |                          |            |           |    | , do hereby accept the appointment                   |   |           |   |           |       |       |  |
| (Please Print or Type Name)  |                          |            |           |    |  |   |           |   |           |       |       |  |
| designated above as:   |                          | Campaign T | reasure   | er | $\boxtimes$  | Deputy Tre  | asurer.   |   | *         |       |       |  |
| 40 MAN   | 40                       |            | Χ         |    | _  | Miller  | $\sim$    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           |       | >     |  |
|  |                          |            |           |    | ignature of Campaign Treasurer or Deputy Treasurer   |   |           |   |           |       |       |  |
| Dale   |                          |            |           |    | alguerrate of Campaign freasarci of Deputy Treasurer |   |           |   |           |       |       |  |

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DS-DE 9 (Rev. 10/10)

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MIAMI-DADE FLECTIONS

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

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: X 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 **EDDIE LEWIS** 9490 NW 1 AVE 4. Telephone 5. E-mail address MIAMI SHORES, FL 33150 (305 ) 812-8516 INFO@VOTE4EDDIELEWIS 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: DISTRICT 3 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 **ALEX LOUIS** 11. Mailing Address 12. Telephone 7175 NW 179 ST. # 302 (305) 772-2804 13. City 14. County 15. State 16. Zip Code 17. E-mail address MIAMI **MIAMI-DADE** FL 33015 A.LOUIS@UMIAMI.EDU 18. I have designated the following bank as my **Primary Depository** ☐ Secondary Depository 19. Name of Bank 20. Address **BANK OF AMERICA** 9499 NE 2 AVE 21. City 22. County 23. State 24. Zip Code **MIAMI SHORES** MIAMI-DADE 33120 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 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. **ALEX LOUIS** , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer