## 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

RECEIVED

2014 APR -1 PM 1:19

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

officer before opening the campaign account.										OF	FFICE USE	ONLY
1. CHECK APPROPRIATE	BOX(E	3):										
Initial Filing of Form	Re	-filing to C	hange:	✓ Ti	reasurer	/Deputy		Deposito	ry 🔲	Off	fice	Party
Name of Candidate (in this order: First, Middle, Last)     Jacqueline Schwartz					P.O.	3. Address (include post office box or street, city, state, zip code) P.O. Box 331285						
4. Telephone 5. E-mail address				Coc	Coconut Grove, Florida 33133							
<sub>(</sub> 786 <sub>)</sub> 553-5200 j	jackieschwartz1@aol.com											
6. <b>Office sought</b> (include district, circuit, group number) County Court Judge - Group 19					7. If a candidate for a <u>nonpartisan</u> office, check if							
and the state of t						applicable:  My intent is to run as a Write-In candidate.						
8. If a candidate for a parti	<u>san</u> offi	ice, checl	k block	and fill	in name	of party a	as ap	plicable	: My int	ent is	to run as a	
Write-In No P	arty Affi	liation							Pa	irty	candidate.	80
9. I have appointed the following person to act as my												
10. Name of Treasurer or De Carolyn Veinovic	eputy Tr	easurer							<del>(2-12-11)</del>			
11. Mailing Address 315 NE 107th Street					12. Telephone ( 305 ) 978-4517							
13. City Miami				15. Sta FL		6. Zip Code 8161	17. E-mail address veinoviccarolyn@gmail.com					
18. I have designated the following bank as my					Primary Depository Secondary Depository							
					20. Address Dadeland Banking Center - 9100 South Dadeland Blvd							
21. City Miami		22. Cou Dade	nty			23. State	e				Zip Code 56-7846	
UNDER PENALTIES OF PERJUR DESIG						DING FORM F					N TREASUR	ER AND
25. Date					26. Sign	nature of Ca	andio	date				
March 27, 2014					X	209						
27. Treasure	r's Acce	eptance o	f Appo	intment	(fill in th	e blanks an	nd ch	neck the a	appropria	e bloc	ck)	
I,								, do her	eby accep	t the a	appointmer	nt
*)	(Pleas	e Print or	58.5	92.0								
designated above as:	1	Cam		reasuref	V.	Deputy T	reas	urer.	, V			
March 27, 2014						olyn	V	in	m			
Date				Signature of Campaign Treasurer or Deputy Treasurer								

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1. CHECK APPROPRIATE I	BOX(ES):										
Initial Filing of Form	Re-filing to Ch	iange: 🕢 T	reasurer/	Deputy [	Deposito	ry 🔲	Office		Party		
2. Name of Candidate (in th		3. Address (include post office box or street, city, state, zip									
Jacqueline Schwartz				P.O. Box 331285							
4. Telephone 5. E-mail address				Coconut Grove, Florida 33133							
<sub>(</sub> 786 <sub>)</sub> 553-5200 ja	36 ) 553-5200 jackieschwartz1@aol.com										
6. Office sought (include district, circuit, group number) County Court Judge - Group 19				7. If a candidate for a <u>nonpartisan</u> office, check if							
County Court budge "Ci		applicable:  My intent is to run as a Write-In candidate.									
							- a vviile	-III Galiu	idate.		
8. If a candidate for a partis	<u>san</u> office, check	block and fil	l in name	of party as	applicable	: My inte	ent is to r	un as a			
Write-In No Pa	arty Affiliation	П				Pa	rty ca	ndidate.			
9. I have appointed the following	owing person to	act as my	☐ Ca	mpaign Trea	surer 🗸	Deput	y Treasu	rer			
10. Name of Treasurer or De Jacqueline Schwartz	puty Treasurer	Hardelin III							-		
11. Mailing Address				12. Telep	hone						
3656 Avocado Avenue					¢.	(786)	553-5	200			
13. City Coconut Grove	14. County Dade	15. Sta FL		. Zip Code 133	17. E-mail		@aol.co	m			
18. I have designated the fo	Prima	ary Deposito	ry 🔲	Seconda	ry Depos	itory					
19. Name of Bank Sabadell Bank				20. Address Dadeland Banking Center - 9100 South Dadeland Blvd							
21. City	22. Coun	tv		23. State		·	24. Zip				
Miami	Dade	7		FL			33156-				
UNDER PENALTIES OF PERJURY DESIG	Y, I DECLARE THAT I							REASUR	ER AND		
25. Date	-		26. Sign	ature of Car	ndidate						
March 27, 2014			XIA	2							
27. Treasurer	's Acceptance of Jacqueline S	5.5	t (fill in th	blanks and	check the a	appropriat	e block)				
\   1.			. do here	eby accep	t the app	ointmen	ıt				
**	(Please Print or	Type Name)				<b>,</b>					
designated above as:	Camp	aign Treasure	r 🗸	Deputy Tre	easurer.						
March 27, 2	2014	X	nos								
Date			Signatur	e of Campai	gn Treasure	r or Depu	ty Treasi	ırer			