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

DS-DE 9 (Rev. 10/10)

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MIAMI-DADE ELECTIONS

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

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy X Initial Filing of Form Depository Office Partv 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip LAURA ANNE STUZIN C/O CYNTHIA S SOBEL CPA 5. E-mail address 4. Telephone 900 S PINE ISLAND RD #220 PLANTATION, FL 33324 csobel@theflacpa.com (954) 744-8440 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: COUNTY COURT JUDGE, GROUP 42 My intent is to run as a Write-In candidate. ELEVENTH TUDICIAL CIRCUIT 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 FRANCISCO R ANGONES 11. Mailing Address 12. Telephone 44 W FLAGLER ST, 8TH FLOOR (305) 371-5000 13. City 14. County 15. State 16. Zip Code 17. E-mail address MIAMI-DADE FL 33130 MIAMI fangones@amglaw.net 18. I have designated the following bank as my Secondary Depository 19. Name of Bank 20. Address SABADELL UNITED BANK 150 S PINE ISLAND RD, STE 100 21. City 22. County 23. State 24. Zip Code **PLANTATION** FL BROWARD 33324 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 27. Tréasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) FRANCISCO R ANGONES , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. designated above as: |X| Campaign Treasurer Signature of Campaign Treasurer or Deputy Treasurer

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

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MIAMI-DADE ELECTIONS

NOTE: This form must be on file with the qualifying	OFFICE USE ONLY						
officer before opening the campaign account.	OFFICE USE ONLY						
1. CHECK APPROPRIATE BOX(ES):	Treasurer/Deputy Depository Office Party						
	Treasurer/Beparty						
2. Name of Candidate (in this order: First, Middle, Last)	Address (include post office box or street, city, state, zip code)						
LAURA ANNE STUZIN	C/O CYNTHIA S SOBEL CPA						
4. Telephone 5. E-mail address	900 A PINE ISLAND RD #220						
(954) 744-8440 csobel@theflacpa.com	PLANTATION, FL 33324						
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if						
MIAMI-DADE COUNTY COURT JUDGE, GROUP 42 applicable: My intent is to run as a Write-In candidate.							
ELEVENTH JUDICIAL CIRCUM	fill in name of party as applicable: My intent is to run as a						
8. If a candidate for a partisan office, offect block and in manne of party							
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							
LAURA ANNE STUZIN	12. Telephone						
11. Mailing Address	75.						
C/O CYNTHIA S SOBEL CPA 900 S PINE ISLA							
13. City 14. County 15. PLANTATION BROWARD FL	State 16. Zip Code 17. E-mail address 33324 CSObel & The flacpa. Com						
18. I have designated the following bank as my	LANTATION						
19. Name of Bank	20. Address						
SABADELL UNITED BANK 150 S PINE ISLAND RD, SUITE 100							
21. City 22. County	23. State 24. Zip Code						
PLANTATION BROWARD	FL 33324						
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						
4/13/15	X della United Ugin						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)							
LAURA ANNE STUZIN , do hereby accept the appointment							
(Please Print or Type Name)							
designated above as: Campaign Treasurer Deputy Treasurer.							
4/13/15 X Lawo anne stepm							
Date Signature of Campaign Treasurer or Deputy Treasurer							

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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MIAMI-DADE ELECTIONS

officer before opening the campaign account.	OFFICE USE ONLY				
	W.				
1. CHECK APPROPRIATE BOX(ES): ☑ Initial Filing of Form Re-filing to Change: ☐ T	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				
LAURA ANNE STUZIN	code) C/O CYNTHIA S SOBEL CPA				
4. Telephone 5. E-mail address	900 A PINE ISLAND RD #220				
(954) 744-8440 csobel@theflacpa.com	PLANTATION, FL 33324				
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if				
MIAMI-DADE COUNTY COURT JUDGE, GROUP 42 FLEVENTH TYDICIAL CIRCUIT applicable: My intent is to run as a Write-In candidate					
8. If a candidate for a partisan office, check block and fi	II 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					
CYNTHIA S SOBEL	·				
11. Mailing Address	12. Telephone				
900 S PINE ISLAND RD #220	(954) 744-8440				
13. City 14. County 15. S	State 16. Zip Code 17. E-mail address				
PLANTATION BROWARD FL	33324 csobel@theflacpa.com				
18. I have designated the following bank as my Primary Depository Secondary Depository					
19. Name of Bank	20. Address				
SABADELL UNITED BANK	150 S PINE ISLAND RD, SUITE 100				
21. City 22. County	23. State 24. Zip Code				
PLANTATION BROWARD	FL 33324				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ DESIGNATION OF CAMPAIGN DEPOSITOR	THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DRY AND THAT THE FACTS STATED IN IT ARE TRUE.				
25. Date	26. Signature of Candidate				
4/13/15	x & ally anetten				
27. Treasurer's Acceptance of Appointme	ent (fill in the blanks and check the appropriate block)				
CYNTHIA S SOBEL , do hereby accept the appointment					
(Please Print or Type Name)					
designated above as: Campaign Treasurer Deputy Treasurer.					
4/13/15 X Auntho Stobel					
Date Signature of Campaign Treasurer or Deputy Treasurer					

STATEMENT OF CANDIDATE FOR JUDICIAL OFFICE

(Section 105.031(5), F.S.) (Please Type) OFFICE USE ONLY
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MIAMI-DADE ELECTIONS

LAURA ANNE STUZIN

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.

(Signature of candidate)

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

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MIAMI-DADE FLECTIONS

I, LAURA ANNE STUZIN

candidate for the office of Miami-Dade County Court Judge, Group 42; have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

Signature of Candidate

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



Candidate/Chairperson:

Access to Handbook and the Election Laws of the State of Florida

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MIAMI-DADE

			24			
LAURA	ANNE	STUZIN	145			
First Name	Middle Name	Last Name	е			
MIAMI-DADE CO	Office Sought / Organizat		42			
I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:						
Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.						
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.						
	/					

Candidate / Chairperson Signature

csobel a theflacpa, com

E-mail address:

Date:

Acknowledged by: _

Primary Telephone Number:

Alternate Telephone Number:

Campaign Treasurer's Report Miami-Dade County Electronic Filing Requirements

	Candidate (office sought): Miami-Dade County Court Judge, Group 42			
	Candidate's Florida Voter Registration Number:	±>1 √ *		
	Political Committee:		2015 APR	
	Party Executive Committee:	ECTIO	_ ~	
	Other:	ADE	7	
I,	Laura Anne Stuzin (Please print name of Candidate or Chairperson)	161 	చ్	
un	nderstand that Campaign Treasurer's Reports <u>must</u> be filed elect	ronically	via the	
Su wit 21 rep	upervisor of Elections website by midnight of the day designated in ith Miami-Dade County requirements. I also acknowledge that Section of the Code of Miami-Dade County regarding the filing of the corports with the Supervisor of Elections were recently amended in the ardcopies are no longer required.	order to ns 12-17 a ampaign	comply and 12- finance	
Ιa	also understand that, in accordance with Section 12-14.1 of the Cod	e of Mian	ni-Dade	
Сс	ounty, Florida, candidates running for the Offices of Miami-Dade	County	Mayor,	
Сс	ommissioner, Property Appraiser, Clerk of the Circuit Courts, and Co	mmunity	Council	
mι	ust now file the Absentee Ballot Campaign Report (MD-ED 26) to dis	close the	names	
of	paid campaign workers engaged in absentee ballot activities.			
	Signature of Candidate or Chairperson	13 Date	15	
Da	ay Time Telephone Number: 954-744-8	440		
Alt	ternate Contact Number:			
En	mail Address: CSobel a theflacpa. Cor	M		

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.