#### 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.	OFFICE USE ONLY	
1. ÇHECK APPROPRIATE BOX(ES):		
Initial Filing of Form Re-filing to Change:   T	reasurer/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	
Miguel Angel Eizmendia 4. Telephone 5. E-mail address @gmail	code)	
4. Telephore 5. E-mail address @ gmal 4	33174	
(786)286-000 4 SHAME V5Moneyand Pow	ber 40 SW 115 AVENUE MIAMITL	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if	
Miami Dade County Mayo	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		
REEMBERTO ParaDA	10.7.1.1	
11. Mailing Address  83015W 162 COURT. Kendadh. (286) 477 1376		
13. City 14. County 15. St MIAMI-DADE FO	tate 16. Zip Code 17. E-mail address 2 33 193 PESMBOTO PANADA CAMP	
18. I have designated the following bank as my		
19. Name of Bank	20. Address	
Bay of Churcia	3025 NW 87ane	
21. City Wiam/ Cureica) 22. County Wiam/ Mamil ad &	23. State 24. Zip Code 720 RIDA 33172	
Vollary/ Yniamil) age	ThoriDa 33172	
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	
02/05/2016	X See Ciruda	
27. Treasurer's Acceptance of Appointmen	nt (fill in the blanks and check the appropriate block)	
I, RESMBOYD PARADA (Please Print or Type Name)	, do hereby accept the appointment	
designated above as:  Campaign Treasurer  Deputy Treasurer.		
02/05/2016 X Kund		
/ Date/	Signature of Campaign Treasurer or Deputy Treasurer	

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

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officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) code) 405W 115AUENDE 4. Telephone Migmi FL 33174 (786) 286-0004 SHAMENS MONEY and BONER 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: Miam, Dade County Mayor 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 12. Telephone (786) 286-000Y 15. State 13. City 16. Zip Code 17. E-mail address SHAMENSMONE yourd POWER Og Mail icom MiamiDade Primary Depository 18. I have designated the following bank as my Secondary Depository 19. Name of Bank Banko 22. County 21. City 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)

Date

X Deut Gizeration
Signature of Campaign Treasurer or Deputy Treasurer

Campaign Treasurer

Deputy Treasurer.

designated above as:

MIGUEL ANGEL LIZMEDIZ
(Please Print or Type Name)

27.

, do hereby accept the appointment

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

#### OFFICE USE ONLY

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MIAMI-DADE ELECTIONS

candidate for the office of Miami Dade County Magor;  have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
X Signature of Candidate  Z /8/20/6  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).



## Access to Handbook and the Election Laws of the State of Florida 2016 FEB -8 PM 1:58

		MALALI DADE
Candidate/Chairperson:		MIAMI-DADE ELECTIONS
MIGUE (First Name	Middle Name	Last Name
Miami	Dade County Office Sought / Organization	Mayoon
I acknowledge that it is my requirements described in the County Elections Department W	e following resources	, understand and follow the available on the Miami-Dade
Contains information on State	e Laws and Handbooks, the andbooks, Qualifying Inform	e.gov/elections/candidate.asp) e Election Laws of the State of nation, Electronic Reporting Dates Recent Legislative Changes.
Political Committee Handboo Contains information on Stat Florida, County Laws and Ha Important Committee Informa	te Laws and Handbooks, th andbooks, Electronic Repo	e Election Laws of the State of rting Dates and Procedures,
Acknowledged by:	ul Sinuw dis Candidate / Chairpersor	_
Date: <u>2/8/20/6</u>		
Primary Telephone Number:	(786) 286-00	o y
Alternate Telephone Number:		
E-mail address:	1EVS Money and	POWER & SMAIL, COM

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



V	Candidate (office sought): Miam Dade County Mayor
	Candidate's Florida Voter Registration Number: 12/59(14)
	Political Committee:
	Party Executive Committee:
	Other:
I,	MIGUEL ANGEL EIZMENDIZ  (Please print name of Candidate or Chairperson)
Si wi 12 re	nderstand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the upervisor of Elections website by midnight of the day designated in order to comply ith Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 2-21 of the Code of Miami-Dade County regarding the filing of the campaign finance uports with the Supervisor of Elections were recently amended in that original signed ardcopies are no longer required.
Co Co m	also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade ounty, Florida, candidates running for the Offices of Miami-Dade County Mayor, ommissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council ust now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names paid campaign workers engaged in absentee ballot activities.
th Er	astly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires at candidates for Property Appraiser also fill out the Miami-Dade county Contributing intity (MD-ED 19) form for every reporting period if contributions are received from a proporation incorporated under the laws of the State of Florida or any other state or any preign country of any partnership or any other legal entity other than a natural person.
_	Signature of Candidate or Chairperson  2/8/2016  Date
D	ay Time Telephone Number:
Al	Iternate Contact Number:
E	mail Address: SHameVs Money and Power @ SMAIL, COm

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.

MD-ED 10 (Rev. 6/15)