

**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 officer before opening the campaign account.

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2016 FEB 11 PM 4: 26

MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. **Name of Candidate** (in this order: First, Middle, Last)
Christopher Leon

3. Address (include post office box or street, city, state, zip code)

7420 SW 107th Ave; 7109
Miami, FL 33173

4. Telephone
(305) 934-9048

5. E-mail address
voteforchristopherleon@gmail.com

6. **Office sought** (include district, circuit, group number)
Community Council 12 / 124

7. If a candidate for a **nonpartisan** office, check if 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
Natalie Leon-Gonzalez

11. Mailing Address
6705 SW 44th St; 11

12. Telephone
(786) 470-7917

13. City
Miami

14. County
Miami-Dade

15. State
FL

16. Zip Code
33155

17. E-mail address
natalieleon15@yahoo.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
Bank of America

20. Address
8991 SW 107th Ave

21. City
Miami

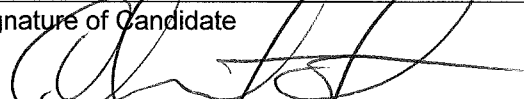
22. County
Miami-Dade

23. State
Florida

24. Zip Code
33176

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.

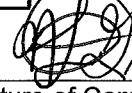
25. Date
2/11/16

26. Signature of Candidate
 

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, Natalie Leon-Gonzalez, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/11/16
Date


Signature of Campaign Treasurer or Deputy Treasurer

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2. **Name of Candidate** (in this order: First, Middle, Last)
Christopher Leon

3. Address (include post office box or street, city, state, zip code)

4. Telephone
(305) 934-9048

5. E-mail address
vote for christopherleon@gmail.com

7420 SW 107th Ave; 7109
Miami, FL 33173

6. **Office sought** (include district, circuit, group number)

Community Council

12/124

7. If a candidate for a **nonpartisan** office, check if 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
Deseree Deidad Ferrer

11. Mailing Address
8010 SW 101st Ave

12. Telephone
(786) 859-1591

13. City
Miami

14. County
Miami-Dade

15. State
FL

16. Zip Code
33173

17. E-mail address
desereeferrer@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
Bank of America

20. Address
8991 SW 107th Ave

21. City
Miami

22. County
Miami-Dade

23. State
Florida

24. Zip Code
33176

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

2/11/16

26. Signature of Candidate

X

[Signature]

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Deseree Deidad Ferrer

, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

2/11/16
Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
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2. **Name of Candidate** (in this order: First, Middle, Last)
Christopher Leon

3. Address (include post office box or street, city, state, zip code)

7420 SW 107th Ave; 7109
Miami, FL 33173

4. Telephone
(305) 934-9048

5. E-mail address
voteforchristopherleon@gmail.com

6. **Office sought** (include district, circuit, group number)
Community Council 12 / 124

7. If a candidate for a **nonpartisan** office, check if 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
Christopher Leon

11. Mailing Address
7420 SW 107th Ave; Apt 7109

12. Telephone
(305) 934-9048

13. City: Miami 14. County: Miami-Dade 15. State: FL 16. Zip Code: 33173 17. E-mail address: christopherleon86@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank: Bank of America 20. Address: 8991 SW 107th Ave

21. City: Miami 22. County: Miami-Dade 23. State: Florida 24. Zip Code: 33176

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.

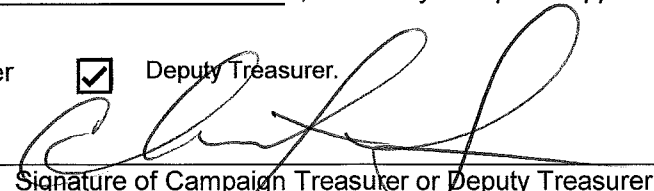
25. Date
2/11/16

26. Signature of Candidate
X 

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, Christopher Leon, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/11/16
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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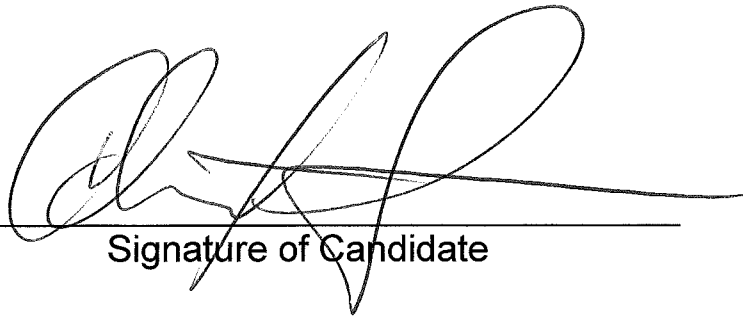
MIAMI-DADE
ELECTIONS

I, Christopher Leon,

candidate for the office of Community Council, Area 12 / Subarea 12A

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

2/11/16

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).

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



Candidate (office sought): Community Council; Area 12; Subarea 124

Candidate's Florida Voter Registration Number: 110101828

Political Committee: _____

Party Executive Committee: _____

Other: _____

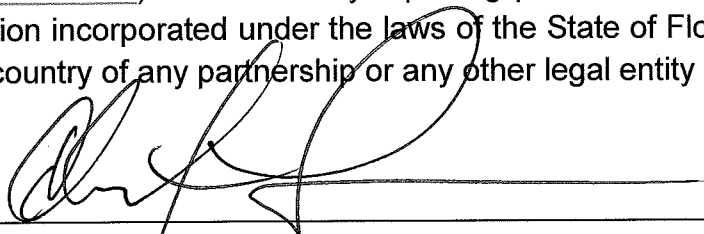
Christopher Leon

I, _____
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person.



Signature of Candidate or Chairperson

2/11/16

Date

Day Time Telephone Number: (305) 934-9048

Alternate Contact Number: (786) 453-7456

Email Address: voteforchristopherleon@gmail.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.

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ELECTIONS



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

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MIAMI-DADE
ELECTIONS

Candidate/Chairperson:

Christopher

Leon

First Name

Middle Name

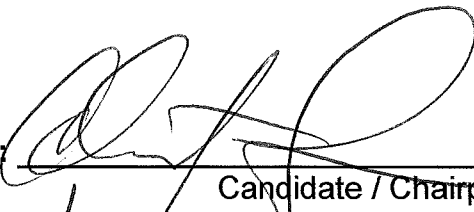
Last Name

Community Council

Area 12 / Subarea 124
Office Sought / Organization

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.

Acknowledged by: 
Candidate / Chairperson Signature

Date: 2/11/16

Primary Telephone Number: (305) 934-9048

Alternate Telephone Number: (786) 452-7456

E-mail address: voteforchristopherleon@gmail.com