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 18 AM 11: 23

MIAMI-DADE ELECTIONS

OFFICE USE ONLY

1. CHECK APPROPRIATE E Initial Filing of Form		ng to Change:	ПΤ	reasu	urer/D	eputy [7	Deposito	ory 🗀	Office		Party
2. Name of Candidate (in thi										street, city,	state, z	
Alfred Santamaria code)												
4. Telephone 5	i. E-mail a	address		8	181 I	NW 36 S	it.,	Suite 2	1B, Dor	al, FL 33 ⁻	166	
			egmail.									
(305)477-9336 santamaria.campaign 2016 egmail. 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if												
applicable:								`"				
Miami-Dade County Mayor My intent is to run as a Write-In candidate.												
8. If a candidate for a partis	an office	, check block	and fill	in na	ame c	of party as	ap	plicable	: My int	ent is to ru	n 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 De	puty Trea	surer							-			
Alberto J. Ibarra									· · · · · · · · · · · · · · · · · · ·			
11. Mailing Address 12. Telephone												
8181 NW 36 St., Suite 2	1B								305	1427-	9334	
13. City	14. Cou		15. Sta	ate	16.	Zip Code			il address		*****	
Doral Miami-Dade FL 33166 santamaria campaign 2016@gmai 1. com						m						
18. I have designated the following bank as my												
19. Name of Bank 20. Address												
Wells Fargo Bank, N.A. 1700 NW 87 Ave												
21. City	1	22. County				23. State	;			24. Zip C	ode	
Miami	N	liami-Dade				FL				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												
February 18, 2016 X												
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
, do hereby accept the appointment												
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
FOB 18, 2016 X Jakes												
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 FIECTIONS

NOTE: This form must be on file with the qualifying 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 Office Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip Santamaria Alfred 4. Telephone 5. E-mail address 8181 NW 36 St., Suite 21B, Doral, FL 33166 santamaria campaign@ (305)477-9336 gmail.com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. Miami-Dade County Mayor 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 Darling Rozo 11. Mailing Address 12. Telephone 1305 1477-9336 8181 NW 36 St., Suite 21B 13. City 14. County 15. State 16. Zip Code 17. E-mail address santamariacampaign egmail.com Miami-Dade FL 33166 Doral 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address Wells Fargo Bank, N.A. 1700 NW 87 Ave 21. City 22. County 23. State 24. Zip Code Miami Miami-Dade FL 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 February 18, 2016 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Х

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

OFFICE USE ONLY

		igii account.							OFFICE		
1. CHECK APPROPRIATE Initial Filing of Form		S): -filing to Change:	T	reasu	ırer/Deputy	Depo	ository		Office		Party
2. Name of Candidate (in the	is order	r: First. Middle, La	ast)	13	Address (incl	ide post	office b	nox or s	treet city.	state. 2	rin
Alfrede Santama		Address (include post office box or street, city, state, zip code)									
4. Telephone 5. E-mail address					181 NW 36	St Suite	△ 21F	Dora	I FI 33	166	
4. Telephone 5. E-mail address santamari o campaign 2016 @gmail. com 8181 NW 36 St., Suite 21B, Doral, FL 33166											
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable:							k if				
Miami-Dade County Ma	yor						ent is t	o run as	a Write-I	n candi	date.
8. If a candidate for a parti	<u>san</u> offi	ce, check block	and fill	in na	ame of party a	s applica	able:	My inte	ent is to rui	n as a	
Write-In No Party Affiliation Party candidate.											
9. I have appointed the following	owing	person to act as	my		Campaign Tre	asurer	X	Deputy	y Treasure	r	
10. Name of Treasurer or De	puty Tr	easurer									
Leonor Santamaria								3			
11. Mailing Address 12. Telephone											
8181 NW 36 St., Suite 2	1B						(3	305)	477-9	334	
13. City	14. C	ounty	15. Sta	ate	16. Zip Code		17. E-mail address				
Doral	Miam	ni-Dade	FL		33166 santamaria.campaign 2016@gmail.com						
18. I have designated the following bank as my											
	ollowin	g bank as my	Σ	 ₽	rimary Deposit	ory	☐ s	econda	ry Deposit	ory	
19. Name of Bank	ollowin	g bank as my	Σ	20.	Address		<u> </u>	econda	ry Deposit	ory	
	ollowin	g bank as my	Σ	20.			s	econda	ry Deposit	ory	
19. Name of Bank Wells Fargo Bank, N.A. 21. City	ollowin	g bank as my 22. County	Σ	20.	Address	9	s	econda	ry Deposito		
19. Name of Bank Wells Fargo Bank, N.A.	ollowin		<u> </u>	20.	Address 0 NW 87 Av	9	s				
19. Name of Bank Wells Fargo Bank, N.A. 21. City Miami UNDER PENALTIES OF PERJUR	Y, I DECI	22. County Miami-Dade	READ TH	20. / 170	Address 0 NW 87 Av 23. Stat FL	e OR APPOI	NTMEN	T OF ÇAI	24. Zip C 33172 MPAIGN TRI	ode	R AND
19. Name of Bank Wells Fargo Bank, N.A. 21. City Miami UNDER PENALTIES OF PERJUR	Y, I DECI	22. County Miami-Dade	READ TH	20. / 1700 E FOR Y AND	Address 0 NW 87 Av 23. Stat FL	OR APPOI	NTMEN	T OF ÇAI	24. Zip C 33172 MPAIGN TRI	ode	R AND
19. Name of Bank Wells Fargo Bank, N.A. 21. City Miami UNDER PENALTIES OF PERJUR	Y, I DECI	22. County Miami-Dade	READ TH	20. / 1700 E FOR Y AND	Address 0 NW 87 Avecage 23. State FL REGOING FORM FORM FORM FORM FORM FORM FORM FORM	OR APPOI	NTMEN	T OF ÇAI	24. Zip C 33172 MPAIGN TRI	ode	R AND
19. Name of Bank Wells Fargo Bank, N.A. 21. City Miami UNDER PENALTIES OF PERJUR DESIG	Y, I DECI	22. County Miami-Dade	READ TH	20. / 1700 E FOR Y AND 26. S	Address O NW 87 Av 23. Stat FL BEGOING FORM F THAT THE FACT Signature of Ca	OR APPOI	NTMEN IN IT AF	T OF CAI	24. Zip C 33172 VIPAIGN TRI	ode	R AND
19. Name of Bank Wells Fargo Bank, N.A. 21. City Miami UNDER PENALTIES OF PERJUR DESIG	Y, I DECI	22. County Miami-Dade LARE THAT I HAVE I OF CAMPAIGN DEF	READ TH	20. / 1700 E FOR Y AND 26. S	Address O NW 87 Av 23. Stat FL BEGOING FORM F THAT THE FACT Signature of Ca	OR APPOI S STATED andidate	INTMEN IN IT AR	T OF CAI	24. Zip C 33172 VIPAIGN TRI	ode	
19. Name of Bank Wells Fargo Bank, N.A. 21. City Miami UNDER PENALTIES OF PERJUR DESIG 25. Date February 18, 2016 27. Treasure	Y, I DECI	22. County Miami-Dade LARE THAT I HAVE I OF CAMPAIGN DEF	intment	20. / 1700 E FORY AND 26. S X	Address O NW 87 Av 23. Stat FL BEGOING FORM F THAT THE FACT Signature of Ca	OR APPOI S STATED andidate	INTMEN IN IT AR	T OF CAI	24. Zip C 33172 WPAIGN TRI	ode	
19. Name of Bank Wells Fargo Bank, N.A. 21. City Miami UNDER PENALTIES OF PERJUR DESIGN 25. Date February 18, 2016 27. Treasure I, Jeonor S	Y, I DECI	22. County Miami-Dade LARE THAT I HAVE I OF CAMPAIGN DEP	intment	20. / 1700 E FORY AND 26. S X t (fill in	Address O NW 87 Av 23. Stat FL BEGOING FORM F THAT THE FACT Signature of Ca	OR APPOIS STATED and check for the check for	INTMEN IN IT AF	T OF CARE TRUE.	24. Zip C 33172 WPAIGN TRI e block) t the appoi	ode	

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2016 FEB 18 AM II: 23

MIAMI-DADE ELECTIONS

l,	Alfred Santamaria ,			
candidate for the office of	Miami-Dade County Mayor ;			
have been provided access	to read and understand the requirements of			
Chapter 106, Florida Statut	es.			
X Signature of Car	February 18, 2016 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).				

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Access to Handbook and the Election Laws of the State of Florida 2016 FEB 18 AM II: 23

Candidate/Chairperson:		MIAMI-DADE ELECTIONS
Alfredo		Santamaria
First Name	Middle Name	Last Name
	Miami-Dade County Mayor	
	Office Sought / Organization	
acknowledge that it is my requirements described in the County Elections Department \	ne following resources a	
Florida, County Laws and H	te Laws and Handbooks, the	Election Laws of the State of tion, Electronic Reporting Dates
Florida, County Laws and H	ook (<u>http://www.miamidade.go</u> ate Laws and Handbooks, the landbooks, Electronic Reporti nation, and Recent Legislative	Election Laws of the State of ng Dates and Procedures,
Acknowledged by:	Candidate / Chairperson S	Signature
Date: February 18, 2016		
Primary Telephone Number:	.305-477-	9336
Alternate Telephone Number		
F-mail address. Santama	ria Campaian 2016 @ as	iail. can

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



1	Candidate (office sought):	mi-Dade County Mayor	
Londonna	Candidate's Florida Voter Regis	tration Number: 11626	4765
	1 n 1 n		
	Party Executive Committee:		29
	Other:		2016 FEB MIAI ELE
 I,		Alfred Santamaria	AMI-D. ECTIO
S W 1 re	nderstand that Campaign Trease supervisor of Elections website by with Miami-Dade County requirem 2-21 of the Code of Miami-Dade eports with the Supervisor of Elections are no longer required.	midnight of the day desigrents. I also acknowledge to County regarding the filing	nated in order to combly hat Sections 12-17 and of the campaign finance
C n	also understand that, in accordar County, Florida, candidates runni Commissioner, Property Appraiser, nust now file the Absentee Ballot (f paid campaign workers engaged	ng for the Offices of Miar Clerk of the Circuit Courts, Campaign Report (<u>MD-ED 2</u>	mi-Dade County Mayor, and Community Council <u>6</u>) to disclose the names
th . E	astly, I understand that Section 2 nat candidates for Property Appraintity (MD-ED 19) form for every orporation incorporated under the oreign country of any partnership of	iser also fill out the Miami-E reporting period if contributi laws of the State of Florida	Dade county Contributing ons are received from a or any other state or any
	Signature of Candidate	or Chairperson	Date
Е	Day Time Telephone Number:	305-477-93	36
Δ	Niternate Contact Number:		
Е	Email Address: Santamariae	ampaign 2016@amail.	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)