

**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.

RECEIVED

2016 APR 28 AM 11:05

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)

Eleane Sosa-Bruzon

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

8004 NW 154th Street, #577
Miami Lakes, FL 33016

4. Telephone

(786) 281-5264

5. E-mail address

campaign@electeleane.sosabruzonforjudge.com

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

County Court Judge, 11th Circuit, Group 15

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

Kristina A. Delgado

11. Mailing Address

8004 NW 154th Street, #577

12. Telephone

(786) 281-5264

13. City

Miami Lakes

14. County

Miami Dade

15. State

FL

16. Zip Code

33016

17. E-mail address

campaign@electeleane.sosabruzonforjudge.com

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

19. Name of Bank

Bank of America

20. Address

6625 Miami Lakes Drive

21. City

Miami Lakes

22. County

Miami Dade

23. State

FL

24. Zip Code

33014

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

4/28/16

26. Signature of Candidate

X

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

I, Kristina A. Delgado, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

4/28/16
Date

X

Signature of Campaign Treasurer or Deputy Treasurer