## 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. 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) 3399 NW 72 Ave., #211 Ruben Yury Alcoba 4. Telephone
5. E-mail address
rubenalcobeforjudge@gnal.com Mianl, FL 33122 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: bunty Court Judge Group 35 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 uis D 11. Mailing Address 12. Telephone 3399 NW 72 Ave, #211 (305)

14. County 15. State 16. Zip Code 17. E-mail address

Mian-Dade 7 33122 rubenalcobeti (305) 362-8118 13. City 33122 rubenalcobaforjudge@gmail.com Primary Depository 18. I have designated the following bank as my 19. Name of Bank 20. Address 24. Zip Code 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) 27. (Please Print or Type Name) do hereby accept the appointment Campaign Treasurer designated above as: Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer

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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 Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Kings (hom Alicha	( code) 3399 WW 42 ME, STE ZII
4. Telephone 5. E-mail address	
(305) 362 8/18 Rhen Aldonfor Judge	e MIAMI FLORIDA 39122
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Call Cath	applicable:  My intent is to run as a Write-In candidate.
County COURT Judge Group 3	35
8. If a candidaté for a <u>partisan</u> 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	
11. Mailing Address	12. Telephone
3399 NW 72 AVENUE STE	E. 211 (305)3628/18
13. City 14. County 15. St	tate 16. Zip Code 17. E-mail address  22122 RubenAlloba her Judge
MIAMI -DADE FO	SSIZE CMULL Con
18. I have designated the following bank as my	
19. Name of Bank	20. Address
WEUS PARGO	1700 MUST ALENCE
21. City 22. County	23. State 24. Zip Code
DORAL MIAMI-DI	HI) E 1901211) A 33112
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
4/22/2016	X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I,, do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Freasurer	
	J Departy Heastley
$\frac{4/22/20/6}{\text{Date}}$	Signature of Campaign Treasurer or Deputy Treasurer
Date	CIUNALUIS DI CAMBAIUN FISASUISI DI DEDUN FISASUISI