

**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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2016 JUN 21 PM 1:10

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)
GUS MACHADO

3. Address (include post office box or street, city, state, zip code)
2451 BRICKELL AVENUE
APT. 4-H
MIAMI, FLORIDA 33129

4. Telephone
(786) 525-9292

5. E-mail address
EMAILGUS@YAHOO.COM

6. Office sought (include district, circuit, group number)
MIAMI DADE COUNTY SCHOOL BOARD MEMBER
DISTRICT NO. 6

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
BENIGNO R. GRANDA

11. Mailing Address
6105 WEST 8TH AVENUE

12. Telephone
(305) 322-8010

13. City
HIALEAH

14. County
MIAMI DADE

15. State
FL

16. Zip Code
33012

17. E-mail address
Benny8010@gmail.com

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

19. Name of Bank
CITIBANK

20. Address
1600 CORAL WAY

21. City
MIAMI

22. County
MIAMI DADE

23. State
FLORIDA

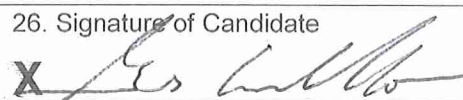
24. Zip Code
33145

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

6/21/16

26. Signature of Candidate



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

I, BENIGNO R. GRANDA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06-21-2016
Date


Signature of Campaign Treasurer or Deputy Treasurer

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DISTRICT NO. 6

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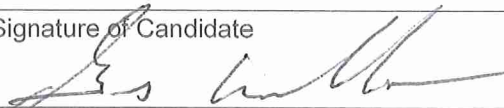
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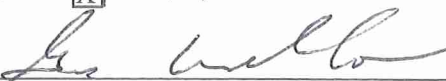
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, GUS MACHADO, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/21/16

Date



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 COUNTY
ELECTIONS DEPARTMENT

I, GUS MACHADO ,

candidate for the office of MIAMI DADE COUNTY SCHOOL BOARD MEMBER DISTRICT NO. 6 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X 

Signature of Candidate

6/21/16

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).



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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

GUS

MACHADO

First Name

Middle Name

Last Name

MIAMI DADE COUNTY SCHOOL BOARD MEMBER DISTRICT NO. 6

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)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: [Signature] Candidate / Chairperson Signature

Date: 6/21/16

Primary Telephone Number: 786) 525-9292

Alternate Telephone Number: (786) 232-5074

E-mail address: EMAILGUS@YAHOO.COM

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



Candidate (office sought): MIAMI DADE COUNTY SCHOOL BOARD MEMBER DISTRICT NO. 6

Candidate's Florida Voter Registration Number: 109317681

Political Committee: _____

Party Executive Committee: _____

Other: _____

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

GUS MACHADO

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

6/21/16

Date

Day Time Telephone Number: (786) 525-9292

Alternate Contact Number: (786) 232-5074

Email Address: EMAILGUS@YAHOO.COM

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