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

RECEIVED

2016 JUN 24 AM 11: 13

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

officer before opening the	e campa	ign account.						OFFICE	EUSE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form		S): -filing to Change:	: 🔲 Ті	easurer/	Deputy] Depositor	ry 🔲	Office		Party
Name of Candidate (in this order: First, Middle, Last) GUSTAVO J. MACHADO JR.				code	Address (include post office box or street, city, state, zip code) 2451 BRICKELL AVENUE					
4. Telephone (786) 525-9292		nail address ILGUS@YAHOO.COM			APT. 4-H MIAMI, FLORIDA 33129					
6. Office sought (include district, circuit, group number) MIAMI DADE COUNTY SCHOOL BOARD MEMBER DISTRICT NO. 6				R	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 <u>par</u>	<u>tisan</u> off	ice, check block	and fill	in name	of party as	applicable:	: My int	ent is to rur	n as a	
Write-In No Party AffiliationParty candidate.										
9. I have appointed the fo	llowing	person to act as	s my	X Ca	mpaign Trea	surer	Depu	ty Treasure	<u> </u> r	
10. Name of Treasurer or Deputy Treasurer BENIGNO R. GRANDA										
11. Mailing Address							12. Tele	phone		
6105 WEST 8TH AVE	NUE						(305	322-80	10	
13. City HIALEAH		ounty 11 DADE	15. Sta		3. Zip Code 012	17. E-mail Benny80		ail.com		
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank CITIBANK				20. Add 1600 C	ress ORAL WA	Υ				
21. City		22. County			23. State			24. Zip C	ode	
MIAMI		MIAMI DADE			FLORID	A		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 6/24	/16			26. Sigr	nature of Can	didate	ll			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I,BENIGNO R. GRANDA , do hereby accept the appointment					t					
(Please Print or Type Name)										
designated above as: X Campaign Treasurer Deputy Treasurer.										
06-24-2016 X Bans R. Quela										
Date)	_	•	Signatur	e of Campaid	gn Treasure	r or Depu	ity Treasure	er	

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

officer before opening the cam		OFFICE USE ONLY				
1. CHECK APPROPRIATE BOX						
		reasurer/Deputy Depository Office Party				
2. Name of Candidate (in this or	der: First, Middle, Last)	3. Address (include post office box or street, city, state, zip				
GUSTAVO J. MACH	IADO JR.	code) 2451 BRICKELL AVENUE				
4. Telephone 5. E-	mail address	APT. 4-H				
(786) 525-9292 EMA) 525-9292 EMAILGUS@YAHOO.COM MIAMI, FLORIDA 33129					
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if applicable:						
DISTRICT NO. 6						
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	ng person to act as my	Campaign Treasurer X Deputy Treasurer				
10. Name of Treasurer or Deputy						
GUSTAVO J. MACHADO JE	T.	L40 Tilouhous				
11. Mailing Address	4 5	12. Telephone				
2451 BRICKELL AVENUE,		(786) 525-9292				
	L. County 15. Sta					
MIAMI DADE FL 33129 EMAILGUS@YAHOO.COM						
18. I have designated the follow	ving bank as my					
19. Name of Bank		20. Address 1600 CORAL WAY				
CITIBANK	22. County	23. State 24. Zip Code				
21. City MIAMI	MIAMI DADE	FLORIDA 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 26. Signature of Candidate						
6/24//6		X Sist Lollo				
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 Treasurer.						
	Campaign Treasure	Deputy Treasurer.				
6/24/16	Campaign Treasure	Signature of Campaign Treasurer or Deputy Treasurer				

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY RECEIVED

2016 JUN 24 AM 11: 13

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

I, GUSTAVO J. MACHADO JR.

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

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

Signature of Candidate

Data

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).



RECEIVED Access to Handbook and the Election Laws of the State of Floggidaun 24 AMII: 13

		ELECTIONS DEPARTMENT
Candidate/Chairperson:		
GUSTAVO	J.	MACHADO JR.
First Name	Middle Name	Last Name
MIAMI DADE COUNTY SCH	HOOL BOARD MEMBI	ER DISTRICT NO. 6
	Office Sought / Organiza	tion
	the following resourc	ead, understand and follow the es available on the Miami-Dade
Contains information on S Florida, County Laws and	itate Laws and Handbooks Handbooks, Qualifying Ini	ade.gov/elections/candidate.asp) s, the Election Laws of the State of formation, Electronic Reporting Dates and Recent Legislative Changes.
Contains information on S Florida, County Laws and	State Laws and Handbooks	de.gov/elections/pacs.asp) s, the Election Laws of the State of eporting Dates and Procedures, lative Changes.
Acknowledged by:	Candidate / Chairper	rson Signature
Primary Telephone Number	786) 525-9292	2
Alternate Telephone Numb	er: (786) 232-50	74
E-mail address. EMAIL	.GUS@YAHOO	.COM

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



1	Candidate (office sought):	STRICT N	O. 6
	Candidate's Florida Voter Registration Number: /093/768/	/	
	Political Committee:	<u></u>	20
	Party Executive Committee:	MIAMI-	NUL 31
	Other:	DAOE	24
1,	GUSTAVO J. MACHADO JR. (Please print name of Candidate or Chairperson)	COUNT	
Si wi 12 re	nderstand that Campaign Treasurer's Reports must be filed electro upervisor of Elections website by midnight of the day designated in o ith Miami-Dade County requirements. I also acknowledge that Section 2-21 of the Code of Miami-Dade County regarding the filing of the care ports with the Supervisor of Elections were recently amended in that ardcopies are no longer required.	rder to ons 12- npaign	comply -17 and finance
Com	also understand that, in accordance with Section 12-14.1 of the Code ounty, Florida, candidates running for the Offices of Miami-Dade ommissioner, Property Appraiser, Clerk of the Circuit Courts, and Compust now file the Absentee Ballot Campaign Report (MD-ED 26) to disclede paid campaign workers engaged in absentee ballot activities.	County munity	Mayor, Counci
th Ei	astly, I understand that Section 2.69(e) of the Code of Miami-Dade Coat candidates for Property Appraiser also fill out the Miami-Dade countity (MD-ED 19) form for every reporting period if contributions are represented under the laws of the State of Florida or any other legal entity other than a native country of any partnership or any other legal entity other than a native country.	ty Con eceived er state	tributing I from a e or any
	Set alla	6/2	4/16
·	Signature of Candidate or Chairperson	ate	/
D	ay Time Telephone Number: (786) 525-9292		
Α	Iternate Contact Number: (786) 232-5074	*:	
E	mail Address: EMAILGUS@YAHOO.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)