

**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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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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)

Diana Yvette Washington

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

12040 NE 16th Ave #301  
Miami, FL 33161

**4. Telephone**

(305 ) 3991584

**5. E-mail address**

4dianawashington@gmail.com

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

Community Council *AREA 7, SUB AREA 71A*

**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**

Diana Washington

**11. Mailing Address**

12040 NE 16th Ave #301

**12. Telephone**

( 305 ) 399-1584

**13. City**

Miami

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33161

**17. E-mail address**

4dianawashington@gmail.com

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

**19. Name of Bank**

Chase Bank

**20. Address**

14590 Biscayne Blvd

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

FL

**24. Zip Code**

33181

**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**

06/17/2018

**26. Signature of Candidate**

*Diana Y Washington*

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

I, Diana Washington, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

06/17/2018

Date

*Diana Y Washington*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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I, Diana Washington ,

candidate for the office of Community Council AREA 7, SUB AREA 71A

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X *Diana Y Washington*  
Signature of Candidate

06/18/2018  
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:

Diana

Yvette

Washington

First Name

Middle Name

Last Name

Community Council

AREA 7, SUB AREA 71A

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: Diana Y Washington
Candidate / Chairperson Signature

Date: 06/18/2018

Primary Telephone Number: 305-399-1584

Alternate Telephone Number:

E-mail address: 4dianawashington@gmail.com

**Campaign Treasurer's Report**  
**Miami-Dade County Electronic Filing Requirement**



Candidate (office sought): Community Council AREA 7, SUB AREA 71A

Candidate's Florida Voter Registration Number: 122168879

Political Committee: \_\_\_\_\_

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, DIANA WASHINGTON

*(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 Vote by Mail Campaign Report ([MD-ED 26](#)) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and 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 Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties ([MD-ED 28](#)) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

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, if applicable.

*Diana Y Washington*  
Signature of Candidate or Chairperson

06/18/2018  
Date

Day Time Telephone Number: 305-399-1584

Alternate Contact Number: \_\_\_\_\_

Email Address: 4dianawashington@gmail.com

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