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

2019 JUN 18 AM 11:53

MIAMI-DADE ELECTIONS

officer before opening th	e campa	iign account.									OFFICE	COE	ONLY	
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party														
✓ Initial Filing of Form		-filing to Change						Deposito		Ц	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)						3. Address (include post office box or street, city, state, zip								
LEONARDA DURAN BUIKE						code) 13480 SW 196 St, Miami, FI 33177								
4. Telephone	phone 5. E-mail address													
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check applicable:											k if			
MIAMI DADE COUNT\	8 applicable: My intent is to run as a Write-In candidate.													
				-he		L	_ \ \	/ly intent	is to r	un as	a Write-Ir	n candi	idate.	
8. If a candidate 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														
DAMARIS MORA			***************************************			**************************************								
11. Mailing Address	12. Telephone													
22116 SW 128 CT						(917) 535-9113								
13. City	14. County		15. State		16. Zip Code 17. E-mail addre									
MAMI DADE FL					33170 drbuikeduran2020@gmail.com									
18. I have designated the following bank as my Primary Depository Secondary Depository														
19. Name of Bank 2					0. Address									
Centennial Bank 12						21 Alhambra Plaza Suite 1515								
1. City 22. County					23. State						24. Zip Code			
Coral Gables	al Gables Dade				FI				33134					
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														
6/18/19 X Sent Bouke														
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.														
6/18/19 * Paninistrate														
Date Signature of Campaign Treasurer or Deputy Treasurer														