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

2020 FEB 25 AM 10: 48

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

officer before opening the campaign account.							OFFICE	EUSE	ONLY	
1. CHECK APPROPRIATE							1			
Initial Filing of Form	Re-filing to Change:		er/Deputy		Depositor		Office		Party	
2. Name of Candidate (in		3. Address (include post office box or street, city, state, zip code)								
LEONARDA DURAN BUIKE			13727 SW 152 ST #302							
4. Telephone	5. E-mail address		Miami, FL 33177							
(305) 297-7251	INFO@LEONARDADUR	ANE								
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if								k if		
DISTRICT 8 COMMISSIONER A A A A A A A A A A A A A A A A A A A						s to run as	s a Write-li	n cand	lidate	
MiAmi Dade County										
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 AffiliationParty candidate.										
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer										
KATINA ELOISE FRIAS-RAMOS										
11. Mailing Address 12. Telephone 954-278-13727 SW 152 ST #302										
13. City MIAMI	14. County 15. MIAMI-DADE FL	1	16. Zip Coo 33177		17. E-mail KATINAE		al EON/	/ DD /	ימו וחי	
							14-34-34		DON	
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank CENTENIAL BANK 121. City 20. Address 121 A L H Am Bra Plaza 21. City 22. County 23. State 24. Zip Code 33134										
21. City	22. County	- 1	23. S	tate	,		24. Zip C	ode		
Cora Gi	Ebles Da De	2		1-			331	34		
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. S	ignature of	Cand	lidate	12	· /-	,		
1/27/2020		X		10	sof.	10)mp			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I, KATINA ELOISE FRIAS-RAMOS , do hereby accept the appointment										
(Please Print or Type Name)										
designated above as:	Campaign Treasu	urer (Deput	ty Trea	surer.					
1/27/20)20 X		Yeln	14	I In	1/2	V -			
Date Signature of Campaign Treasurer or Deputy Treasurer										