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 ELECTIONS

OFFICE USE ONLY

| 1. CHECK APPROPRIATE BOX(ES): | | | | | | | | | |
|---|--|--|---|-----------|-------|--------|--------------|-------|--|
| ☑ Initial Filing of Form Re-fili | ng to Change: 🔲 | Treasurer/ | Deputy [| Deposito | ry 🔲 | Office | | Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip | | | | | | | | | |
| Christopher Leon | | code) 7420 Southwest 107th Avenue, Apt 7109 | | | | | | | |
| 4. Telephone 5. E-mail address Miami, Florida 33173 | | | | | | | | | |
| (305) 934-9048 c_leon@c | christopherleonfl.c | con | | | | | | | |
| 6. Office sought (include district, circu | | 7. If a candidate for a nonpartisan office, check if | | | | | | | |
| Miami-Dade County Property Appraiser | | | 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 AffiliationParty candidate. | | | | | | | | | |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer | | | | | | | | | |
| Michael Landaburu | | | | | | | | | |
| 11. Mailing Address | | | | 12. Tele | ohone | | | | |
| 9430 Southwest 34th Street (305) 877-2055 | | | | | | | | | |
| 13. City 14. Cou | 3. City 14. County 15. State 16. Zip Code 17. E-mail address | | | | | | | | |
| Miami Miami-E | Miami-Dade FL 33165 michael.landaburu1@gmail.com | | | | | | | n | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | | | | |
| 19. Name of Bank 20. Address | | | | | | | | | |
| Regions Bank 9450 Southwest 40th Street | | | | | | | | | |
| 21. City 2 | | | | 23. State | | | 24. Zip Code | | |
| Miami M | Miami-Dade | | | FL | | | 33165 | | |
| 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 ITARE TRUE. | | | | | | | | | |
| 25. Date 26. Signature of Candidate | | | | | | | | | |
| 08/09/2019 | | X (| 4 | 1 | / | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | |
| I, Michael Landaburu | | | , do hereby accept the appointment | | | | | | |
| (Please Print or Type Name) | | | | | | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer. | | | | | | | | | |
| 08/09/2019 X | | | | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | | |