

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

2020 MAY 26 AM 9:59

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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)

Marie Flore Lindor-Latortue

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

PO Box 972234

Miami, Florida 33197

4. Telephone

(305) 908-2428

5. E-mail address

electdrflore2020@gmail.com

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

Miami Dade County School Board District 7

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

Pierre Vilme

11. Mailing Address

4330 W Broward Blvd Suite D

12. Telephone

(954) 309-4236

13. City

Plantation

14. County

Broward

15. State

FL

16. Zip Code

33317

17. E-mail address

pvilme@maroonep.com

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

19. Name of Bank

Bank of America

20. Address

11205 S Dixie Hwy

21. City

Pinecrest

22. County

Dade

23. State

Fla

24. Zip Code

33156

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

5/26/20

26. Signature of Candidate

Marie Flore Lindor-Latortue

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

I, Pierre Vilme, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/26/20

Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

Marie Flore Lindor-Latorque

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

P. O Box 972234
Miami, Florida 33197

4. Telephone

(305) 9082428

5. E-mail address

electdrfloce2020@gmail.com

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

Miami Dade County School Board / District 7

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Write-In No Party Affiliation _____ Party candidate.

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10. Name of Treasurer or Deputy Treasurer

Marie Flore Lindor-Latorque

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12. Telephone

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25. Date

5/26/20

26. Signature of Candidate

X Marie Flore Lindor-Latorque

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

I, Marie Flore Lindor-Latorque, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/26/20
Date

X Marie Flore Lindor-Latorque
Signature of Campaign Treasurer or Deputy Treasurer