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

RECEIVED

2020 APR 14 PM 3: 29

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

officer before opening the		OFFICE USE ONLY											
1. CHECK APPROPRIATE Initial Filing of Form	•	6): -filing to Change	: 🗆 т	reasur	rer/Depu	uty _] Deposito	ory [] c	Office		Party	
Name of Candidate (in this order: First, Middle, Last) Rosy Anette Aponte					3. Address (include post office box or street, city, state, zip code) 8180 NW 36 MS+ reet								
4. Telephone (305) 753-9600		il address ite@aol.com	code) 8180 NW 36 MStreet Swite 318 (Domi) Myon, FL 33166										
6. Office sought (include district, circuit, group number) Miami-Dade County Judge Group # 38					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													
10. Name of Treasurer or D Rosy Anette Aponte	eputy Ti	easurer											
11. Mailing Address	12. Telephone												
8180 NW 38 St. Suite 3					(305) 75	53-960	0					
13. City	1	ounty	15. Sta	ate	16. Zip	. Zip Code 17. E-mail address							
Doral	Miami-Dade FL			33166 a2aponte@aol.com									
Asi					Primary Depository Secondary Depository								
19. Name of Bank					20. Address								
TD Bank 21. City	00.0	7400	7400 SW 40th Street 23. State										
		22. County Miami-Dade		Florida						24. Zip Code 33155			
				-					- Inches				
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								
04/10/2020				X	M	R	~						
27. Treasure	er's Acce	eptance of Appo	ointment	t (fill in	the bla	nks and	check the	appropri	ate blo	ock)			
I, Rosy Anette Aponte					, do hereby accept the appointment								
	(Pleas	se Print or Type I	Name)				, do	<i>aby</i> acc	pruie	o appon	Turiorit.		
designated above as:	\geq	Campaign 1	Treasure	r	De	eputy Tre	asurer.						
04/10/2020 X Ph Q													
Date				Signature of Campaign Treasurer or Deputy Treasurer									