| APPOINTMENT OF CAMPAIGN TREASURER<br>AND DESIGNATION OF CAMPAIGN   |                       |   | RECEIVED    |                              |                |                        |                            |               |  |                |
|--|-----------------------|---|-------------|------------------------------|----------------|------------------------|----------------------------|---------------|--|----------------|
| DEPOSITORY FOR CANDIDATES<br>(Section 106.021(1), F.S.)  |                       |   |             |                              |                | 2022 MAY               | 26 AI                      | M   : 42      |  |                |
| (PLEASE PF   |                       |   |             |                              |                |                        | MAM                        | DADE C        | OUNTY<br>ARTMENT   |                |
|  |                       | ana | life day or |                              |                |                        | CCC.0110                   | na acri       | 111101-014   |                |
| NOTE: This form must b<br>officer before opening the   |                       |   | inying      |                              |                |                        | and the start of the start |               | OFFIC  | E USE ONLY     |
| 1. CHECK APPROPRIATE BOX(ES):     Initial Filing of Form     Re-filing to Change:     Treasurer/Deputy     Depository     Office     Party   |                       |   |             |                              |                |                        |                            | Party         |  |                |
| 2. Name of Candidate (in th  |                       |   |             | -                            |                | -                      | e post office              | -             | and the second s |                |
| MARLEINE BASTIÈN   |                       |   |             |                              | ode)<br>P.O. E | Box 3803               | 24                         |               |  |                |
|  | 5. E-mail<br>bastienn | address<br>narleine@gma                 | ail.com     | N                            | /liami         | , FL, 332              | 38                         |               |  |                |
| 6. Office sought (include di   | strict, circ          | cuit, group num                         | ber)        |                              |                | 7. If a cand           | lidate for a               | nonpar        | <u>tisan</u> offic   | e, check if    |
| 6. Office sought (include district, circuit, group number)       7. If a candidate for a nonpartisan office, check if applicable:         MIAMI-DADE COUNTY COMMISSION_DISTRICT 2       If a candidate for a nonpartisan office, check if applicable:         My intent is to run as a Write-In candidate. |                       |   |             |                              |                |                        |                            | In candidate. |  |                |
| 8. If a candidate for a parti  | san offic             | e, check block                          | and fil     | l in na                      | ame o          | f party as             | applicable                 | : My in       | tent is to ru  | un as a        |
| Write-In No Party AffiliationParty candidate.  |                       |   |             |                              |                |                        | indidate.                  |               |  |                |
| 9. I have appointed the fol  | lowing p              | erson to act as                         | s my        |                              | Can            | npaign Tre             | asurer [>                  | C Depu        | ity Treasur  | rer            |
| 10. Name of Treasurer or Deputy Treasurer<br>MARLEINE BASTIEN  |                       |   |             |                              |                |                        |                            |               |  |                |
| 11. Mailing Address<br>P.O. Box 380324   |                       |   |             |                              |                |                        |                            |               |  |                |
| 13. City14. County15. State16MIAMIMIAMI-DADEFL3  |                       |   |             | 16. 2<br>332                 | Zip Code<br>38 | 17. E-mail<br>bastienn |                            | e@gmail.      | .com   |                |
| 18. I have designated the following bank as my I Primary Depository I Secondary Depository   |                       |   |             |                              |                | ository                |                            |               |  |                |
| 19. Name of Bank     20. Address       Wells Fargo     450 NE 125TH ST   |                       |   |             |                              |                |                        |                            |               |  |                |
| 21. City 22. County<br>MIAMI MIAMI DADE  |                       |   |             | 23. State 24. Zip Code 33164 |                |                        | Code                       |               |  |                |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND<br>DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.  |                       |   |             |                              |                |                        |                            |               |  |                |
| 25. Date 26. Signature of Candidate  |                       |   |             |                              |                |                        |                            |               |  |                |
| 05/24/2022   |                       |   |             |                              |                |                        |                            |               |  |                |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)   |                       |   |             |                              |                |                        |                            |               |  |                |
| I,, do hereby accept the appointment   |                       |   |             |                              |                | ointment               |                            |               |  |                |
| (Please Print or Type Name)         designated above as:         Campaign Treasurer.         X         Deputy Treasurer.   |                       |   |             |                              |                |                        |                            |               |  |                |
| 05/24/2022   |                       |   |             |                              |                |                        |                            |               |  |                |
| Date Signature of Campaign Treasurer or Deputy Treasurer   |                       |   |             |                              |                | rer                    |                            |               |  |                |
| DS-DE 9 (Rev. 10/10)   |                       | Print                                   |             |                              | Re             | set                    |                            |               | Rule 1S-   | 2.0001, F.A.C. |

| APPOINTMENT OF CAMPAIGN TREASURER<br>AND DESIGNATION OF CAMPAIGN  |            |              | RECEIVED |                              |     |             |                |        |                |                |
|---|------------|--------------|----------|------------------------------|-----|-------------|----------------|--------|----------------|----------------|
| DEPOSITORY FOR CANDIDATES<br>(Section 106.021(1), F.S.)   |            |              |          |                              |     | 2022 MAY 20 |                |        |                |                |
| (PLEASE P   |            | TYPE)        |          |                              |     |             | MIAMI-D/       | DE COL | INTY<br>TIMENT |                |
| NOTE: This form must I officer before opening the   |            |              | lifying  |                              |     |             | 1. L L U I I I |        |                | E USE ONLY     |
| 1. CHECK APPROPRIATE BOX(ES):   |            |              |          |                              |     |             |                |        |                |                |
| Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party  |            |              |          |                              |     |             |                |        |                |                |
| <ul> <li>2. Name of Candidate (in this order: First, Middle, Last)</li> <li>MARLEINE BASTIEN</li> <li>3. Address (include post office box or street, city, staticode)</li> <li>P.O. Box 380324</li> </ul>   |            |              |          |                              |     |             | state, zip     |        |                |                |
| 4 Telephone   | 5. E-mail  |              | il com   |                              |     | i, FL, 332  |                |        |                |                |
|   | bastienm   | narleine@gma | all.com  |                              |     |             |                |        |                |                |
| 6. Office sought (include district, circuit, group number)       7. If a candidate for a nonpartisan office, check if applicable:         8. Office sought (include district, circuit, group number)       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 AffiliationParty candidate.   |            |              |          |                              |     |             |                |        |                |                |
| 9. I have appointed the fo  |            |              | s my     | $\times$                     | Can | npaign Tre  | asurer         | Deput  | y Treasure     | er             |
| 10. Name of Treasurer or D<br>MAX BORIEUX   | eputy Trea | asurer       |          |                              |     |             |                |        |                |                |
| 11. Mailing Address         12. Telephone           1923 NE 164TH ST         ( 305 ) 456-2075   |            |              |          |                              |     |             | -2075          |        |                |                |
| 13. City<br>N MIAMI BEACH14. County<br>MIAMI-DADE15. State<br>FL16. Zip Code<br>3316217. E-mail address<br>bastienmarleine@gmail.com  |            |              |          |                              | com |             |                |        |                |                |
| 18. I have designated the following bank as my I Primary Depository Secondary Depository  |            |              |          |                              |     | ository     |                |        |                |                |
| 19. Name of Bank     20. Address       Wells Fargo     450 NE 125TH ST  |            |              |          |                              |     |             |                |        |                |                |
| 21. City 22. County<br>MIAMI MIAMI-DADE   |            |              |          | 23. State24. Zip CodeFL33164 |     |             |                | Code   |                |                |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND<br>DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.   |            |              |          |                              |     |             |                |        |                |                |
| 25. Date 26. Signature of Candidate   |            |              |          |                              |     |             |                |        |                |                |
| 05/24/2022 X  |            |              |          |                              |     |             |                |        |                |                |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)<br>MAX BORIEUX   |            |              |          |                              |     |             |                |        |                |                |
| I,, do hereby accept the appointment (Please Print or Type Name)  |            |              |          |                              |     | Jintinent   |                |        |                |                |
| designated above as:  |            |              |          |                              |     |             |                |        |                |                |
| 05/24/2022 X Mum Bind   |            |              |          |                              |     |             |                |        |                |                |
| Date Signature of Campaign Treasurer or Deputy Treasurer  |            |              |          |                              | rer |             |                |        |                |                |
| DS-DE 9 (Rev. 10/10)  |            | Print        |          |                              | Re  | set         |                |        | Rule 1S-2      | 2.0001, F.A.C. |

| STATEMENT OF<br>CANDIDATE<br>(Section 106.023, F.S.)<br>(Please print or type)  | OFFICE USE ONLY<br>RECEIVED<br>2022 MAY 26 AM II: 42<br>MIAMI-DADE COUNTY<br>ELECTIONS DEPARTMENT |  |  |  |  |
|---|---|--|--|--|--|
| I, Marleine Bastien   | commissionie 1  |  |  |  |  |
| candidate for the office of   | le COUNTY DISTRICT 2 ;  |  |  |  |  |
| have been provided access to read a   | nd understand the requirements of   |  |  |  |  |
| Chapter 106, Florida Statutes.  |   |  |  |  |  |
| ×   | 05/24/2022  |  |  |  |  |
| Signature of Candidate  | Date  |  |  |  |  |
| Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes). |   |  |  |  |  |



Access to Handbook and the Election Laws of the State of Florida

Candidate/Chairperson:

MARLEINE

BASTIEN

First Name

Middle Name

Last Name

Commissioner Miami-Dade COUNTY DISTRICT 2

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

🔚 Candidate Qualifying Handbook

(<u>https://www.miamidade.gov/global/elections/candidate-qualifying-handbook.page</u>) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

🖸 Political Committee Handbook

(<u>https://www.miamidade.gov/global/elections/political-committee-resources.page</u>) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by:

| 05/24/2022<br>Date:         | Chairperson Signature | 2022 MA |
|-----------------------------|-----------------------|---------|
| Date                        | 50                    | AY 2    |
| Primary Telephone Number:   | DEFOUN                | e vili  |
| Alternate Telephone Number: |                       | :42     |
| bastienmarleine@gmail.com   |                       |         |
| E-mail address:             |                       |         |

## **Campaign Treasurer's Report** MIAMIDADE Miami-Dade County Electronic Filing Requirement

| Candidate (office sought):MIAMI-DADE COMMISSION_DISTRICT 2 |           |     |    |
|--|-----------|-----|----|
| Candidate's Florida Voter Registration Number: 01966266    |           | _   |    |
| Political Committee:                                       |           |     |    |
| Party Executive Committee:                                 | Ent - In- | 022 | A  |
| Other:   | an        | M   | C. |
| I, MARLEINE BASTIEN  | SE        | 26  | 11 |
| (Please print pame of Candidate or Chairperson)            | 20        | AM  | 15 |

(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person, if applicable.

| 4506   | 05/24/2022 |
|--|------------|
| Signature of Candidate or Chairperson                  | Date       |
| Day Time Telephone Number:                             |            |
| Alternate Contact Number:<br>BASTIENMARLEINE@GMAIL.COM |            |
| Email Address:   |            |

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

**Reset Form**