

**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 PM 12:17
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)
Alexander Penelas

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

16001 Aberdeen Way
Miami Lakes, Florida 33014

4. **Telephone**
(786) 263-9643

5. **E-mail address**
alex@alexpenelasformayor.com

6. **Office sought** (include district, circuit, group number)
Miami-Dade County Mayor

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**
Carlos de la Osa

11. **Mailing Address**
267 Minorca Avenue, Suite 200

12. **Telephone**
(305) 273-1040

13. **City**
Coral Gables

14. **County**
Miami-Dade

15. **State**
FL

16. **Zip Code**
33134

17. **E-mail address**
carlos_sr@delaosacpa.com

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

19. **Name of Bank**
City National Bank of Florida

20. **Address**
2855 S. Le Jeune Rd., #100

21. **City**
Coral Gables

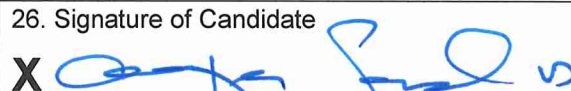
22. **County**
Miami-Dade

23. **State**
Florida

24. **Zip Code**
33134

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**
5/25/2020

26. **Signature of Candidate**
 

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, Carlos de la Osa, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/14/2020
Date


Signature of Campaign Treasurer or Deputy Treasurer

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9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Claudia Papini

11. Mailing Address

267 Minorca Avenue, Suite 200

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25. Date

5/25/2020

26. Signature of Candidate

X 

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

I, Claudia Papini, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/14/2020

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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

I, Carlos David de la Osa, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/14/2020

Date


Signature of Campaign Treasurer or Deputy Treasurer