## 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 COUNTY ELECTIONS DEPARTMENT

officer before opening the	e campa	ign account.							OFFICE	USE	ONLY
1. CHECK APPROPRIATE BOX(ES):											
Initial Filing of Form	Re	-filing to Change:	T	reası	urer/De	eputy	Deposito	ory 🔲	Office		Party
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip						
Alexander Penelas					code)	^ b ardaa	- 14/21/				
4. Telephone	5. E-ma	16001 Aberdeen Way Miami Lakes, Florida 33014									
(786 ) 263-9643	alex@a	alexpenelasfor	mayor	- 1	ii ca	Lonco,	101100.00	0			
6. Office sought (include district, circuit, group number)  7. If a candidate for a <u>nonpartisan</u> office, check if								k if			
Miami-Dade County Ma	ayor			applicable:							
							My intent	is to run a	s a Write-Ir	n cand	date.
8. If a candidate for a part	<u>isan</u> offi	ice, check block	and fill	l in na	ame o	f party as	applicable	: My inte	ent is to rur	n as a	
Write-In No	Party Affi	liation						Pa	rty cand	lidate.	
9. I have appointed the fo	llowing	person to act as	my	X	Camp	paign Treas	surer	Deput	y Treasure	r	
10. Name of Treasurer or D	eputy Tr	easurer									
Carlos de la Osa											
11. Mailing Address								12. Telep	phone		
267 Minorca Avenue, S	Suite 20	0		( 305 ) 273-1040							
13. City		ounty	15. Sta	ate 16. Zip Code 17. E-			17. E-mai	-mail address			
Coral Gables	Miam	ni-Dade	FL		3313	34	carlos_s	r@delac	sacpa.cc	m	
18. I have designated the	followin	g bank as my	Σ	₹ P	rimary	y Depositor	у 🗆	Seconda	ry Deposito	ory	
19. Name of Bank				20. Address							
City National Bank of F	lorida			2855 S. Le Jeune Rd., #100							
21. City		22. County				23. State			24. Zip Co	ode	
Coral Gables		Miami-Dade				Florida			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.								R AND		
25. Date				26. Signature of Candidate							
5 25 2020				X Company							
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 X											
Date	<del>)</del>			Sign	ature	of Campaig	n Treasure	er or Depu	ty Treasure	er	

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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

officer before opening the	: campa	ign account.							OFFICE	USE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form		S): -filing to Change:	рт	reasur	rer/De	eputy [	<b>]</b> Deposito	ory 🔲	Office		Party
Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip						
Alexander Penelas				code) 16001 Aberdeen Way							
4. Telephone 5. E-mail address				Miami Lakes, Florida 33014							
(786 ) 263-9643	alex@a	alex@alexpenelasformayor.									
6. Office sought (include of	istrict, ci	rcuit, group numb	per)		7	7. If a cand		nonparti	<u>isan</u> office	, chec	k if
Miami-Dade County Mayor					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 Affi	liation						Pa	irty cand	lidate.	
9. I have appointed the fo	llowing	person to act as	my		Camp	paign Treas	surer 🔀	Deput	ty Treasure	r	
10. Name of Treasurer or D Claudia Papini	eputy Tr	easurer									
11. Mailing Address								12. Teler	phone		
267 Minorca Avenue, S	uite 20	0		( 305 ) 273-1040							
13. City		County	15. Sta		the state of the s						
Coral Gables Miami-Dade FL			FL	33134 claudia@delaosacpa.com							
18. I have designated the following bank as my											
19. Name of Bank				20. Address							
City National Bank of F	lorida	1		2855	5 S. L	Le Jeune	Rd., #10	0	1		
21. City Coral Gables		22. County				23. State			24. Zip Co	ode	
		Miami-Dade				Florida			33134		
UNDER PENALTIES OF PERJU DESI		LARE THAT I HAVE I OF CAMPAIGN DEP								EASURE	ER AND
25. Date				26. Signature of Candidate							
5/25/2020				X Company							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
ı,Claudia Papini				, do hereby accept the appointment							
(Please Print or Type Name)											
designated above as: Deputy Treasurer Deputy Treasurer.											
Date	2024	· -	X	Signa	ature (	of Campaig	n Treasure	er or Depu	ıtv Treasur		

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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) 3. Address (include post office box or street, city, state, zip code) Alexander Penelas 16001 Aberdeen Way 5. E-mail address 4. Telephone Miami Lakes, Florida 33014 alex@alexpenelasformayor\_ (786 ) 263-9643 7. If a candidate for a nonpartisan office, check if 6. Office sought (include district, circuit, group number) applicable: Miami-Dade County Mayor 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  $\nabla$ **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer Carlos David de la Osa 11. Mailing Address 12. Telephone 267 Minorca Avenue, Suite 200 (305) 273-1040 13. City 14. County 15. State 16. Zip Code 17. E-mail address Coral Gables Miami-Dade FL 33134 carlos jr@delaosacpa.com 18. I have designated the following bank as my Secondary Depository 19. Name of Bank 20. Address 2855 S. Le Jeune Rd., #100 City National Bank of Florida

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

23. State

Florida

	S 25 2020	X Compa pro	S
27.	Treasurer's Acceptance of Ap	ppointment (fill in the blanks and check the appropriate bloc	:k)
1,	Carlos David de	la Osa , do hereby accept the a	appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer

22. County

Miami-Dade

Date

Signature of Campaign Treasurer or Deputy Treasurer

24. Zip Code

33134

21. City

Coral Gables