

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2020 JUN 11 PM 4: 03

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)

Lorraine Ordenes Real

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

15840 SW 106 Terr  
Miami, FL 33196

4. Telephone

(305) 773-2807

5. E-mail address

lorraine@flagsoncars.com

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

District 7 Miami Dade County School Board

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

Kim Haar

11. Mailing Address

21892 SW 95th Pl

12. Telephone

(305) 321-5171

13. City

Cutter Bay

14. County

Miami Dade

15. State

FL

16. Zip Code

33190

17. E-mail address

Kimhaar@gmail.com

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

Regions Bank

20. Address

20901 SW 112th Ave

21. City

Cutter Bay

22. County

Miami Dade County

23. State

FL

24. Zip Code

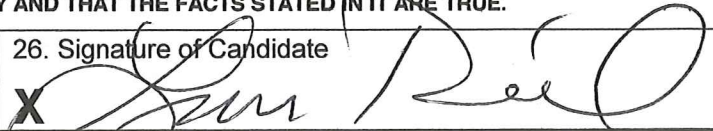
33189

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

6/6/2020

26. Signature of Candidate

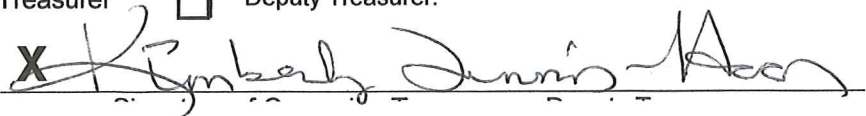


27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Kim Haar, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/6/2020



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AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

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

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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)  
*Lorraine Ordenes Real*

3. Address (include post office box or street, city, state, zip code)  
*15840 SW 106 Terr  
Miami, FL 33196*

4. Telephone  
*(305) 7732807*

5. E-mail address  
*lorraine@flagsoncars.com*

6. Office sought (include district, circuit, group number)  
*Miami Dade Public Schools  
District 7 School Board*

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  
*Lorraine Real*

11. Mailing Address  
*15840 SW 106 Terr*

12. Telephone  
*(305) 773-2807*

13. City  
*Miami*

14. County  
*Dade*

15. State  
*FL*

16. Zip Code  
*33196*

17. E-mail address  
*lorraine@flagsoncars.com*

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

19. Name of Bank  
*Regions Bank*

20. Address  
*20901 SW 112th Ave*

21. City  
*Cutter Bay*

22. County  
*Miami Dade County*

23. State  
*FL*

24. Zip Code  
*33189*

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  
*6/11/20*

26. Signature of Candidate  
*X [Signature]*

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

designated above as:  Campaign Treasurer     Deputy Treasurer.  
*6/11/20* Date    *X [Signature]* Signature of Campaign Treasurer or Deputy Treasurer