

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2020 JUN -2 PM 3:21

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)

Jose, Acuna

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

4. Telephone

786-355-2559

5. E-mail address

Joseacuna@epmail

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

Community Council #16 Subarea 161-A

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

Marivi Betancourt

11. Mailing Address

12. Telephone

786-975-9084

13. City

14. County

Miami-Dade

15. State

16. Zip Code

17. E-mail address

marivi.acuna@epmail

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

19. Name of Bank

First Citizens Bank

20. Address

3121 Commodore Plaza

21. City

Coconut Grove

22. County

Miami-Dade

23. State

FL

24. Zip Code

33133

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

June 2, 2020

26. Signature of Candidate

X [Signature]

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

I, Marivi Betancourt, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

6/2/2020

Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer

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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)

JOSE F. ACUNA

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

4. Telephone

(786) 355-2559

5. E-mail address

JOSEACUNA.PA@gmail.com

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

COMMUNITY COUNCIL
AREA 16 - SUBAREA 161A

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.

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10. Name of Treasurer or Deputy Treasurer

JOSE F ACUNA

11. Mailing Address

12. Telephone

(786) 355-2559

13. City

14. County

15. State

16. Zip Code

17. E-mail address

MIAMI-DADE

JOSEACUNAPA@gmail.com

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

19. Name of Bank

FIRST CITIZEN BANK

20. Address

3121 COMMODORE PLAZA

21. City

22. County

23. State

24. Zip Code

COCONUT GROVE

MIAMI-DADE

FL

33133

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25. Date

JUNE 2/2020

26. Signature of Candidate

X

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

I, JOSE F. ACUNA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

JUNE 2/2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer