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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2020 MAR -3 PM 3: 29 4000 MAR - 3 PM 3:

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: 🄼 Tre	easurer/Deputy *	M. Depository		Office		Party
2. Name of Candidate (in this orde	3. Address (include post office box or street, city, state, zip						
Anthony DAVID TRO	code) 36185W 114th AVE						
4. Telephone 5. E-ma	APT 103						
(305)495-2197 Antho	Miami FL 33165						
6. Office sought (include district, c	7. If a candidate for a <u>nonpartisan</u> office, check if						
Community Cou	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 following person to act as my Campaign Treasurer Deputy Treasurer							
10. Name of Treasurer or Deputy Treasurer							
Anthony David Trujilla							
11. Mailing Address 12. Telephone							
3610 SW 114th AVE APT 103 (305)495-					219	7	
	County 15. Stat		17. E-mail add	dress	.14		
Miami Mia	mi -DADE FL	33165	Anthony -1				
18. I have designated the following bank as my							
19. Name of Bank 20. Address							
		9898 40th Street					
21. City	22. County	23. Stat		2	24. Zip Co		
Miami	Miami-DADE	FLOR	SIDH.		3316	5	
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							
03/02/2020 * 102/36							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)							
I, Anthony David TROIIII , do hereby accept the appointment (Please Print or Type Name)							
designated above as: Campaign Treasurer Deputy\Treasurer.							
03/02/2020 X A TOXILL							
Date Signature of Campaign Treasurer or Deputy Treasurer							