## 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.

RECEIVED

2020 JUN -9 AM II: 32

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

officer before opening the campaign account.		OFFICE USE ONLY					
1. CHECK APPROPRIATE BOX(ES):							
Initial Filing of Form Re-filing to Change	e: 🔲 Tre	easurer/Deputy	☑ Depository		Office		Party
2. Name of Candidate (in this order: First, Middle,	Last)	ACTOR ON ACT AND ACTOR OF A STATE	clude post office bo	ox or str	eet, city,	state, z	zip
ASHLEY MARIE ALVAREZ		code)					
4. Telephone 5. E-mail address							
(305) 221-6267 AMAIVAREZFL305@	gmail.com						
6. Office sought (include district, circuit, group number)		7. If a candidate for a <u>nonpartisan</u> office, check if					
Community Council Areals   Subarea 112		applicable:  My intent is to run as a Write-In candidate.					
			My intent is to	run as	a write-ii	candi	uate.
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a							
Write-In No Party Affiliation				Part	y cand	idate.	
9. I have appointed the following person to act as my							
10. Name of Treasurer or Deputy Treasurer							
ASHLEY M. ALVAREZ							
11. Mailing Address  12. Telephone							
(305) 221-6267							
13. City  14. County  15. State  16. Zip Code  17. E-mail address  AMA   varez FL 305 @ 9 mail. Com							
18. I have designated the following bank as my Primary Depository Secondary Depository							
19. Name of Bank 20. Address							
TD BANK	11201 BI	RD RD					
21. City 22. County		23. St			24. Zip Co		
MIAMI MIAMI D	ADE		FL		33165		
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	1	26. Signature of	Candidate				
6/9/2020	( Ochly Marin all						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)							
I, ASHLEY M. ALVARE		, do hereby accept the appointment					
(Please Print or Type Name)  designated above as: ☐ Campaign Treasurer ☐ Deputy Treasurer.							
6/9/2020 X Apple M. Am							
Date Signature of Campaign Treasurer or Deputy Treasurer							