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

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

(PLEASE PRINT OR TYPE)

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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):	
A	reasurer/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
Rafael Etzion	code) 4931 Fisher Island Dr
4. Telephone 5. E-mail address	Miami Beach, FL 33109
(516) 528 4567 retzion emetrosi	· ·
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
Community Curile-Area 16-Sub. 16	IE applicable:
	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fil	I 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	
Rafael Etzion	**
11. Mailing Address	D 1 5 22 6 12. Telephone
4931 Fisher Island Dr. Miami	Beach, FL 33109 (516) 528 4567
13. City 14. County 15. St	
Miami Beach Dado Fl	233109 REtZIONE METROSINC.COM
18. I have designated the following bank as my	
19. Name of Bank	20. Address
Regions 22. County	4113 Fishe Island Dr.
21. City 22. County	23. State 24. Zip Code
Fisher Island Miami Dade	P FL 33/09
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
3/8/2020	X Rafael Etjion
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1. Rofael Etzion	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasure	er Deputy Treasurer.
3/8/2020 X Rafael Etijou	
Date	Signature of Campaign Treasurer or Deputy Treasurer

## Campaign Treasurer's Report Miami-Dade County Electronic Filing Requirement MIAMI-DADE



VCandidate (office sought): COMMUNITY COUNCIL area / Sub Area
Candidate's Florida Voter Registration Number 18314937
Political Committee:
Party Executive Committee:
Other:
1. Rafael Etzion
(Please print name of Candidate or Chairperson)
understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.
I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vote by Ma Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.
Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c) organizations, if applicable.
Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidate for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person, if applicable.
Norfre / Etj. ou 5/30/2020
New Lung / Et 3, ou 5/30/2020
Signature of Candidate or Chairperson Date
Day Time Telephone Number: 516 - 528 - 4567
Alternate Contact Number:
Email Address: retain O Metro sinc. com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.