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

RECEIVED

2020 JUN -4 PM 3: 31

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	3
Initial Filing of Form Re-filing to Change: 🔲 T	Treasurer/Deputy
2. Name of Candidate (in this prder: First, Middle, Last) 4. Telephone 5. E-mail address	3. Address (include post office box or street, city, state, zip code) M.am., Fla 33 147
6. Office sought (include district, circuit, group number)	V'
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	Party candidate.
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address A A A A A A A A A A A A	12. Telephone 786) 234-982/
13. City 14. County 15. Sta	ate 16. Zip Code 17. E-mail address 39 47 Alan, Muc legashav.com
18. I have designated the following bank as my	
19. Name of Bank	20. Address N.W. 7-16A4
21. City 22 County	23. State 24. Zip Code 37. 7.
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 2020	X Signature of Candidate X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I,	
designated above as: Campaign Treasurer Deputy Treasurer. Date Signature of Campaign Treasurer of Deputy/Treasurer	