

**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.

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)
CHRISTIAN E. CEVALLOS

3. Address (include post office box or street, city, state, zip code)
15930 SW 72 TER.
MIAMI, FL. 33193

4. Telephone (305) 812 6639 5. E-mail address CHRISCEVALLOS@OUTLOOK.COM

6. Office sought (include district, circuit, group number)
COMMUNITY COUNCIL 11, SUB AREA 114 AREA

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
CHRISTIAN CEVALLOS

11. Mailing Address
15930 SW 72 TER.

12. Telephone
(305) 812 6639

13. City MIAMI 14. County MIAMI DADE 15. State FL. 16. Zip Code 33193 17. E-mail address CHRISCEVALLOS@OUTLOOK.COM

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

19. Name of Bank
CENTER STATE BANK

20. Address
28801 SW 157 AVENUE

21. City HOMESTEAD 22. County MIAMI DADE 23. State FLORIDA 24. Zip Code 33033

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 06/04/2020 26. Signature of Candidate
X

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
 I, CHRISTIAN CEVALLOS, do hereby accept the appointment
 (Please Print or Type Name)
 designated above as: Campaign Treasurer Deputy Treasurer.
06/04/2020 X
 Date 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)

CHRISTIAN E CEVALLOS

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

15930 SW 72 TERRACE
MIAMI, FL 33193

4. Telephone

(305) 812 6639

5. E-mail address

CHRISCEVALLOS@OUTLOOK.COM

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

COMMUNITY COUNCIL 11, SUBAREA 114
AREA

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

DANIEL CEVALLOS

11. Mailing Address

13454 SW 68 TERRACE

12. Telephone

(786) 281 1666

13. City

MIAMI

14. County

MIAMI DADE

15. State

FL.

16. Zip Code

33183

17. E-mail address

CHRISCEVALLOS@OUTLOOK.COM

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

19. Name of Bank

CENTER STATE BANK

20. Address

28801 SW 157 AVE

21. City

MDMESTAD

22. County

MIAMI DADE

23. State

FL.

24. Zip Code

33033

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

06/04/2020

26. Signature of Candidate

X

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

I, DANIEL CEVALLOS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06/04/2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, CHRISTIAN CEVALLOS,
candidate for the office of COMMUNITY COUNCIL 11, SUB AREA 114 ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

06/04/2020

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



Access to Handbook and the
Election Laws of the State of Florida

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

CHRISTIAN

E

DEVALLIOS

First Name

Middle Name

Last Name

AREA

Community Council 11, SUB AREA 114

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: _____
Candidate / Chairperson Signature

Date: 06/04/2020

Primary Telephone Number: 305 812 6639

Alternate Telephone Number: 786-281-1666

E-mail address: CHRISDEVALLIOS@OUTLOOK.COM

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



Candidate (office sought): Community Council 11, AREA SUBAREA 114
 Candidate's Florida Voter Registration Number: 114902946

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, CHRISTIAN CEVALLOS

(Please print name of Candidate or Chairperson)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

understand that Campaign Treasurer's Reports must 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 Mail 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)4 organizations, if applicable.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates 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.

Signature of Candidate or Chairperson

06/04/2020

Date

Day Time Telephone Number: 3058126639

Alternate Contact Number: 786-281-1666

Email Address: CHRISCEVALLOS@OUTLOOK.COM