

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2020 DEC 11 PM 2:24

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: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Wallace Aristide

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

P.O. Box 640321
Miami, Fl. 33164-0321

4. Telephone

(786) 344-0445

5. E-mail address

wall66422@gmail.com

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

Miami-Dade County Commission District 2

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

Len Johnson

11. Mailing Address

3600 S. State Rd. 7 Suite 38

12. Telephone

(305) 318-1007

13. City

Miramar

14. County

Broward

15. State

Florida

16. Zip Code

33023

17. E-mail address

lmj@accountant.com

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

19. Name of Bank

Wells Fargo Bank

20. Address

9301 NW 7th avenue

21. City

Miami

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33150

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

12/10/20

26. Signature of Candidate



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

I, Len Johnson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

12/11/20

Date


Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

Wallace Aristide

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

P.O. Box 640321

4. Telephone

(786) 344-0545

5. E-mail address

wall6622@gmail.com

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

Miami-Dade County Commission District 2

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

Linda Cothiere

11. Mailing Address

P.O. Box 640321

12. Telephone

(786) 344-9059

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33164

17. E-mail address

lindacothiere8@gmail.com

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

19. Name of Bank

Wells Fargo Bank

20. Address

9301 NW 7th avenue

21. City

Miami

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33150

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

12/10/20

26. Signature of Candidate

X 

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

I, Linda Cothiere, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

12/10/20

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

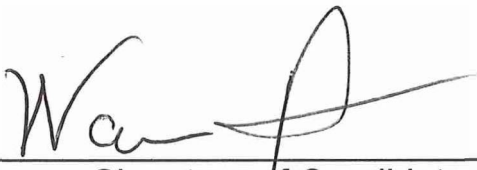
RECEIVED

2020 DEC 11 PM 2:24

106-7103
11/10/20

I, Wallace Aristide ,
candidate for the office of Miami-Dade County Commisson D-2 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

12/10/20

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).

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



Candidate (office sought): Miami Dade County Commission-District 2

Candidate's Florida Voter Registration Number: 116979629

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, Wallace Aristide

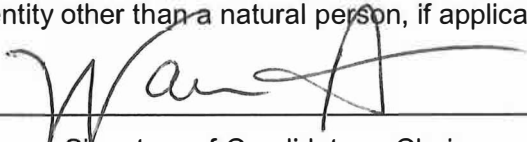
(Please print name of Candidate or Chairperson)

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

12/10/20

Date

Day Time Telephone Number: 786-344-0545

Alternate Contact Number: _____

Email Address: wall166422@gmail.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.