

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):

☐ 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) 468-1579

5. E-mail address

wall66422@gmail.com

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

Miami-Dade county Commissioner D-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

Wallace Aristide

11. Mailing Address

P.O. Box 640321

12. Telephone

(786) 468-1579

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33164

17. E-mail address

wall66422@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

2/1/21

26. Signature of Candidate

X

Wallace Aristide

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

I, Wallace Aristide, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

2/1/21

Date

X

Wallace Aristide

Signature of Campaign Treasurer or Deputy Treasurer