

**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.**

RECEIVED

2022 MAY 25 PM 4: 01

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)

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, 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**

Maria L Kuhn

**11. Mailing Address**

1742 W Flagler Street

**12. Telephone**

( 786 ) 762-4990

**13. City**

Miami

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33135

**17. E-mail address**

mkuhn@edgecommfl.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 Ave

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

FL

**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**

6/1/2022

**26. Signature of Candidate**

X 

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

I, Maria L Kuhn, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer. ☒ Deputy Treasurer.

6/1/2022

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

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**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 ) 344-0545

**5. E-mail address**

wall66422@gmail.com

**6. Office sought** (include district, circuit, group number)  
Miami-Dade County Commissioner, District 2

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

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**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**

FL

**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

**20. Address**

13100 NW 27th Ave

**21. City**

OPA LOCKA

**22. County**

MIAMI-DADE

**23. State**

FL

**24. Zip Code**

33054

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**25. Date**

05/19/2022

**26. Signature of Candidate**

X

*Wallace Aristide*

**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.

05/19/2022

X

Date

*Len Johnson*  
Signature of Campaign Treasurer or Deputy Treasurer



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P.O BOX 640321  
MIAMI, FL 33164-0321

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( 786 ) 344-0545

**5. E-mail address**

wall66422@gmail.com

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**10. Name of Treasurer or Deputy Treasurer**

**WALLACE ARISTIDE**

**11. Mailing Address**

**P.O BOX 640321**

**12. Telephone**

( 786 ) 344-0545

**13. City**

**MIAMI**

**14. County**

**MIAMI-DADE**

**15. State**

**FL**

**16. Zip Code**

**33164-0321**

**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**

**20. Address**

**13100 NW 27th Ave**

**21. City**

**OPA LOCKA**

**22. County**

**MIAMI-DADE**

**23. State**

**FL**

**24. Zip Code**

**33054**

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**25. Date**

**05/19/2022**

**26. Signature of Candidate**

**X** 

**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.

05/19/2022

Date

**X** 

Signature of Campaign Treasurer or Deputy Treasurer

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

**WALLACE ARISTIDE**

**4. Telephone**

**( 786 ) 344-0545**

**5. E-mail address**

**wall66422@gmail.com**

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

**P.O BOX 640321**

**MIAMI, FL 33164-0321**

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**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**

**FL**

**16. Zip Code**

**33164-0321**

**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**

**20. Address**

**13100 NW 27th Ave**

**21. City**

**OPA LOCKA**

**22. County**

**MIAMI-DADE**

**23. State**

**FL**

**24. Zip Code**

**33054**

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**25. Date**

**05/19/2022**

**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.

**05/19/2022**

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

2022 MAY 25 PM 4:01

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Wallace Anzide,

candidate for the office of Miami Dade County Commissioner District 2;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X W. Anzide  
Signature of Candidate

5/25/22  
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 Commissioner District 2

Candidate's Florida Voter Registration Number: 116989629

☐ Political Committee: \_\_\_\_\_

☐ Party Executive Committee: \_\_\_\_\_

☐ Other: \_\_\_\_\_

I, Wallace Anisole

*(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.

Wallace Anisole

Signature of Candidate or Chairperson

5/25/22

Date

Day Time Telephone Number: (786) 468-1579

Alternate Contact Number: N/A

Email Address: Wall66422@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.*