

**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)

LaShanda West

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

12600 NW 12th Avenue  
North Miami, Florida 33168

4. Telephone

(786) 382-9595

5. E-mail address

lashandaw@icloud.com

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

Miami-Dade County Public Schools,  
School Board Member  
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

LaShanda West

11. Mailing Address

12600 NW 12th Avenue

12. Telephone

(786) 382-9595

13. City

North Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33168

17. E-mail address

lashandaw@icloud.com

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

TD Bank

20. Address

9005 Biscayne Boulevard

21. City

Miami Shores

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33138

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

June 17, 2022

26. Signature of Candidate

X 

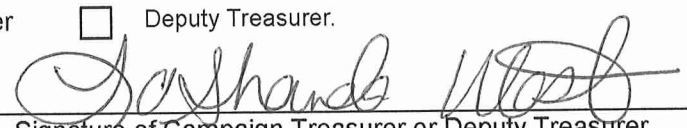
27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, LaShanda West, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

June 17, 2022  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer