## 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

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

| officer before opening the campaign account.   |                        |              |           |  |                      |        | OFFIC        | E USE ONLY |  |
|--|------------------------|--------------|-----------|--|----------------------|--------|--------------|------------|--|
| 1. ÇHECK APPROPRIATE BOX(ES):  |                        |              |           |  |                      |        |              |            |  |
| Initial Filing of Form   | Re-filing to Change    | e: 📋 Tı      | easurer/l | Deputy [   | Depository           |        | Office       | Party      |  |
| 2. Name of Candidate (in this order: First, Middle, Last)  |                        |              |           | 3. Address (include post office box or street, city, state, zip      |                      |        |              |            |  |
| Susan Khoury   |                        |              |           | code)<br>8724 Sunset Drive #52                                       |                      |        |              |            |  |
| 4. Telephone   | 5. E-mail address      | nail address |           |  | Miami, FL 33173-3512 |        |              |            |  |
| ( 305 ) 469-5647   | susankhoury.campaign@g | gmail.com    |           |  |                      |        |              |            |  |
| 6. <b>Office sought</b> (include district, circuit, group number) Miami Dade County Commissioner District 10   |                        |              |           | 7. If a candidate for a <u>nonpartisan</u> office, check if          |                      |        |              |            |  |
| Miami Dade County Commissioner District To   |                        |              |           | applicable:  My intent is to run as a Write-In candidate.            |                      |        |              |            |  |
|  |                        |              |           |  |                      |        |              |            |  |
| 8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> My intent is to run as a   |                        |              |           |  |                      |        |              |            |  |
| ☐ Write-In ☐ No Party Affiliation ☐Party candidate.  |                        |              |           |  |                      |        |              | ndidate.   |  |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer  |                        |              |           |  |                      |        |              |            |  |
| 10. Name of Treasurer or Deputy Treasurer Yolanda Brown  |                        |              |           |  |                      |        |              |            |  |
| 11. Mailing Address 12. Telephone  |                        |              |           |  |                      |        |              |            |  |
| 1931 Cordova Road Suite 2016 (202) 763-5530  |                        |              |           |  |                      |        |              |            |  |
| 13. City<br><b>Ft Lauderdale</b>   | 14. County Broward     |              |           | 6. Zip Code 17. E-mail address yolanda@brownfinancialconsultants.com |                      |        |              |            |  |
| 18. I have designated the following bank as my   |                        |              |           |  |                      |        |              |            |  |
| A STATE OF THE STA |                        |              |           | 20. Address<br>6975 SW 87th Ave                                      |                      |        |              |            |  |
| 21. City 22. County  |                        |              |           | 23. State  |                      |        | 24. Zip Code |            |  |
| Miami  | Miami Dade             |              | FL        |  |                      | 3      | 33173        |            |  |
| 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.   |                        |              |           |  |                      |        |              |            |  |
|  |                        |              |           | 26. Signature of Candidate   |                      |        |              |            |  |
| 6/9/2022   |                        |              |           | X Disax houry  |                      |        |              |            |  |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)   |                        |              |           |  |                      |        |              |            |  |
| I,, do hereby accept the appointment   |                        |              |           |  |                      |        | intment      |            |  |
| (Please Print or Type Name)  |                        |              |           |  |                      |        |              |            |  |
| designated above as:   | Campaign Tr            | easurer.     | $\geq$    | Deputy Tr  | easurer.             |        |              |            |  |
| 6/9/2022 <b>X</b>  |                        |              |           | Oluxu-   |                      |        |              |            |  |
| Date   | )                      |              | Signatur  | e of Campai  | gn Treasurer or      | Deputy | / Treasur    | er         |  |