

**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.

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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)

CARLA VICTORIA LLANEZA

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

5300 SW 84 Street  
MIAMI, FL 33143

**4. Telephone**

(305) 873 4583

**5. E-mail address**

carlallaneza@gmail.com

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

MIAMI-DADE COUNTY  
COMMUNITY COUNCIL AREA 12 SUBAREA 121

**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**

CARLA LLANEZA

**11. Mailing Address**

5300 SW 84 Street

**12. Telephone**

(305) 873 4583

**13. City**

MIAMI

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33143

**17. E-mail address**

carlallaneza@gmail.com

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

**19. Name of Bank**

US CENTURY BANK

**20. Address**

8201 SOUTH DIXIE HIGHWAY

**21. City**

MIAMI

**22. County**

MIAMI-DADE

**23. State**

FL

**24. Zip Code**

33143

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**

06/14/22

**26. Signature of Candidate**

X Carla V. Llaneza

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

I, CARLA LLANEZA, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer.    ☐ Deputy Treasurer.

06/14/22

Date

X

Carla V. Llaneza

Signature of Campaign Treasurer or Deputy Treasurer