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 filing officer before opening the campaign account.

RECEIVED

2024 JAN 10 PM 2:30

MIANI-CACE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

opening the campaign account.						OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES):							
	I Treasur			pository			
2. Name of Candidate (in this order: First, Middle, Las	it):	3. Address (include PO Box or Street, City, State, Zip Code):					
(Please Print or Type Name)		1722 NW 80th Blvd, Suite 90					
Kimberly T. Beltran		Gaine	sville, Fl 3	2606			
4. Telephone: 5. Candidate's Voter	Registra	etion #:	6. Email Ad	ldress:			
10923401	109234060					7.7	
(not required for qualif	352 7275-5004 (not required for qualifying purpose					gconsulting.com	
7. Office Sought (include district, circuit, group, or seat	.#):			te for a	<u>nonpartisan</u>	office, check the box	
Miami-Dade County School Board, District 9							
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a							
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ Party candidate.							
10. I have appointed the following person to act as my: ☐ Campaign Treasurer ☐ Deputy Treasurer							
11. Name of Treasurer or Deputy Treasurer:		12. Tel	lephone:		13. Email Address:		
William S. Jones		(352) 275-5004 treasurer@electioneeringconsulting.com					
14. Mailing Address:	15. Cit	-	72 (200)		tate:	17. Zip Code:	
1722 NW 80th Blvd, Suite 90	Gaine	sville		FI		32606	
18. I have designated the following bank as my (ch	ieck appro			ary Dep	ository S	econdary Depository	
19. Name of Bank:		20. Address: One PNC Plaza, 249 Fifth Avenue					
PNC Bank	- 22 02		'NC Plaza				
21. City: Pittsburgh	Allogh	-		23. State:		24. Zip Code:	
	Allegh					15222	
UNDER PENALTIES OF PERJURY, I DECLARE THAT CAMPAIGN TREASURER AND DESIGNATION OF THE C	I HAVE RE	EAD THE N DEPOS	FOREGOING ITORY AND T	FORM H	FACTS STA	OINTMENT OF THE TED IN IT ARE TRUE.	
1 - 10:01		26. Si	gnature of C	andidat	te:		
25. Date: 01/10/2024			X Km Leth				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
Nilliam S. Jonesdo hereby accept the appointment designated above as:							
(Please Print or Type Name)							
■ Campaign Treasurer. □ Deputy Treasurer.							
01 = 0 3 = 2/1	8.	29. Si	gnature of C	ampaig	n Treasurer	of Deputy Treasurer	
28. Date: 01-09-2024		X	1719	100			
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.							