#### 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

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opening the campaign account. OFFICE USE ONLY MIAMI-DADE FIFCTIONS 1. CHECK APPROPRIATE BOX(ES): ☐ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy Depository □ Office 3. Address (include PO Box or Street, City, State, Zip Code): 2. Name of Candidate (in this order: First, Middle, Last): 5757 Collins AVE #707 (Please Print or Type Name) Hayley Koss Miami Beach, FL 33140 5. Candidate's Voter Registration #: 4. Telephone: 6. Email Address: 109 126393 (not required for qualifying purposes) hayleya ross egmail.com (305)498-0716 7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the box Miami Dade County School Board Member if applicable: District3 ☐ I intend to run as a Write-In Candidate. 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 ☐ No Party Affiliation Candidate. ☐ ☐ Write-In 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: 13. Email Address: 12. Telephone: rossf1nl-Dist3 Doualas John Koss 15. City: 17. Zip Code: Miami Beach 5757 Collins Ave 33140 18. I have designated the following bank as my (check appropriate box): MPrimary Depository 🔲 Secondary Depository 19. Name of Bank: 20. Address: UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate: 25. Date: 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) Ocuques Ross
(Please Print or Type Name) do hereby accept the appointment designated above as: Deputy Treasurer. ☐ Campaign Treasurer. 29. Signature of Campaign Treasurer or Deputy Treasurer 28. Date: Rule 1S-2.0001, F.A.C.

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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MIAMI-DADE SI ECTIONS

1, Hayley Pross

candidate for the office of School Board Member Miami Dade County District 3

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

Signature of Candidate

May 28, 2024 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).

X



MD-ED 2 (Rev. 2/8/2021)

## Access to Handbook and the Election Laws of the State of Florida

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Candidate/Chairperson:		MIAMI-DAUL ELECTIONS	
Hayley First Name	Middle Name	Ross Last Name	,
Miami Dade Coun	Office Sought / Organization	Member Distric	+3
I acknowledge that it is more requirements described in the County Elections Department	the following resources a		
Contains information on St Florida, County Laws and I	dbook ov/global/elections/candidate-cate Laws and Handbooks, the Handbooks, Qualifying Information, and R	Election Laws of the State of ation, Electronic Reporting Da	
Contains information on St Florida, County Laws and I	oook ov/global/elections/political-con ate Laws and Handbooks, the Handbooks, Electronic Report mation, and Recent Legislative	Election Laws of the State of ing Dates and Procedures,	;
Acknowledged by:	Candidate / Chairperson	Signature	
Primary Telephone Number:	305-498-07	16	
Alternate Telephone Numbe	r: <u>305-497-33</u>	373	
E-mail address: havle	ua.ross@am	ail.com	

### Campaign Treasurer's Report Miami-Dade County Electronic Filing Requirement COUNTY



Max	nber		
Candidate (office sought): Miami-Dade County School Board Dis	strict 3	20	_
Candidate's Florida Voter Registration Number: 109126393		2024 M	R
Political Committee:		N N	0
Party Executive Committee:	コニ	28	1
Other:	25	28	FT
I, Hayley Ross (Please print name of Candidate or Chairperson)	m	ယ္	C
(Flease print name of Candidate of Chairperson)			
understand that Campaign Treasurer's Reports <u>must</u> be filed electronical Elections website by midnight of the day designated in order to control of County requirements. I also acknowledge that Sections 12-17 and 12-27 Dade County regarding the filing of the campaign finance reports with the were recently amended in that original signed hardcopies are no longer requirements.	omply with M I of the Code Supervisor o	/liami-D of Mia	ade ami-
I also understand that, in accordance with Section 12-14.1 of the Code Florida, candidates running for the Offices of Miami-Dade County Ma Community Council must now file the Vote by Mail Campaign disclose the names of paid campaign workers engaged in vote by applicable.	yor, Commiss Report ( <u>MD</u> -	sioner, ED 26	and ) to
Additionally, I understand that, in accordance with Sections 12-14.2 and of Miami-Dade County, Florida, Miami-Dade County Elected Officers and the Offices of Miami-Dade County Mayor, Commissioner, and Community the Reporting of Solicitation of Contributions for Political Communications Organizations, 501(c)(4) Organizations and Political publicly disclose when they commence solicitation activities for Electioneering Communications Organizations, Political Partie organizations, if applicable.	l Candidates Council mus nmittees, Ele Parties ( <u>MD-l</u> Political C	running st now ectionee ED 28) committe	for file ering (
Signature of Candidate or Chairperson	5/24/202 Date	<u>24</u>	
305 498-0716			
Day Time Telephone Number:			
Alternate Contact Number: 305 497-3373			
Email Address: hayleya.ross@gmail.com			

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