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.

RECEIVED

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OFFICE OF THE CITY CLERK

officer before opening the campaign account.						OFFIC	E USE ONLY	
1. CHECK APPROPRIATE BOX(ES):								
Initial Filing of Form Re-filing to Change	: Tre	asurer/D	eputy	Depository		Office	☐ Party	
2. Name of Candidate (in this order: First, Middle, Last)			3. Address (include post office box or street, city, state, zip code)					
4. Telephone 5. E-mail address	05	249	NE I	+ST, APT	114	09		
(786) 2781125 gabrielag chirinos5			Miami, FL 33132					
6. Office sought (include district, circuit, group num		7. If a candidate for a <u>nonpartisan</u> office, check if						
City of Miami District 2 com	ner	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	, cai	ndidate.	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer								
10. Name of Treasurer or Deputy Treasurer								
Gabriela Chirinos								
11. Mailing Address			12. Telephone					
245 NE 145T APT 1409, A11ami ^{GL} (786) 278 1125 13. City 14. County Miami 15. State 16. Zip Code 17. E-mail address						1125		
13. City 14. County Mami 15. State			e 16. Zip Code 17. E-mail address					
miami Dade	FL	Ó	3132	gabrielaa.	.chin	rinas 5	egmail.com	
18. I have designated the following bank as my								
19. Name of Bank 20. Address								
Bank of America		70		(ell Aver				
21. City 22. County			23. State			24. Zip C		
Miami MioniDade			FL		-0.5 ₀₋₁ / 1 on\8	3313		
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 26			26. Signature of Candidate					
03/15/2023 X			X H					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
I,								
I,, do hereby accept the appointment (Please Print or Type Name)								
designated above as: Campaign Tree	easurer.		Deputy Tr	easurer.				
03/15/2023	X 🖇	<u>C</u>						
Date	ູເ	Signature	of Campaid	n Treasurer or	Deput	v Treasui	er	