APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)		REGEIVED 2023 SEP 13 PM 4:40						
NOTE: This form must be on file with the qualifying officer before opening the campaign account.				GITY OF MIAMOFFICE USE ONLY				
1. CHECK APPROPRIATE BOX(ES):								
	-filing to Change: [	Tr	easurer	/Deputy	De De	pository	Office	Party
<ul> <li>2. Name of Candidate (in this order: First, Middle, Last)</li> <li>Gabriela, Ariana, Chirinos</li> <li>4. Telephone</li> <li>5. Candidate's Voter Registration #:</li> </ul>				3. Address (include post office box or street, city, state, zip code) 245 NE 14ST, APT 3010				
(786)2781125 1182	49315	Miami, FL 33132						
(Not required for Qualifying Purposes) - <b>Phonetic spelling for audio ballot</b> : Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): $\frac{N/A}{}$								
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if				
city of Miami District 2 commissioner			_	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 AffiliationParty candidate.							idate.	
9. I have appointed the following person to act as my 🛛 Campaign Treasurer 🗌 Deputy Treasurer							r	
10. Name of Treasurer or Deputy Treasurer							11. Telephone	
Gabriela Chirinos				(786)2781125				
12. Mailing Address 13. City				14. State 15. Zip Code				
		Mia			FL		33132	
16. I have designated the following bank as my R Primary Depository Secondary Depository								sitory
17. Name of Bank 18. Address								
Wells Fargo 19. City 20. County				2555 PONCE de Le 21. State			22. Zip Code	
Coral Gables				FL.		33134		
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.								
23. Date 24			24. Si	. Signature of Candidate				
09/13/2023				X LL				
25. <b>Treasurer's Acceptance of Appointment</b> (fill in the blanks and check the appropriate block)								
I, <u>Gabriela Chirinol</u> , do hereby accept the appointment (Please Print or Type Name)								
designated above as:	] Campaign Treas	surer.			uty Treasur	er.		
09/13/2023	X	K		Dh	/			
Date			S	ignature of	Campaign Tre	asurer or D	Deputy Treasurer	