## 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

2023 SEP -7 PH 2: 57

OFFICE OF THE CITY CLERK CITY OF MIAMI

OFFICE USE ONLY

before opening the campaign account.	OFFICE 03E ONE
CHECK APPROPRIATE BOX(ES):     Initial Filing of Form Re-filing to Change: Treasur	er/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state,
CHRISTI REEVES TASKER	zip code) 150 SE 2574 RD 4-D MIAMI FL 33129
4. Telephone 5. Candidate's Voter Registration #:	
(305) 390-1962 12 6 0 7 000 6 (Not required for Qualifying Purposes)	
(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):    Continue	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
MIAMICITY COMMISSION DISTRICT 2	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	11. Telephone (702) 703-9047
CHRISTI REFUES TASKER	(305')390-198Z
12. Mailing Address 13. City	14. State 15. Zip Code
150 SE 25TH RD 4-D MIAN	11   FL   33129
16. I have designated the following bank as my Primary Depository Secondary Depository	
17. Name of Bank 18. Address	
	2.0. Box 6995
19. City 20. County	21. State 22. Zip Code
PORTLAND MULTNOMAGE CON	NTY OR 97228-6995
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.	
	Signature of Candidate
9/7/2023 X	but a les
25. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I,, do hereby accept the appointment (Please Print or Type Name)	
designated above as:   Campaign Treasurer.  Deputy Treasurer.	
9/7/2023 X Justi V. Jaske	
Date	Signature of Campaign Treasurer or Deputy Treasurer