## 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

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UFFICE OF THE CITY OF FRA

before opening the campaign account.			CITY OF MA	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES)	):				
Initial Filing of Form	Re-filing to Change: Tr	reasurer/Deputy	Depository	Office Party	
2. Name of Candidate (in this order: First, Middle, Last)			Address (include post office box or street, city, state, zip code)		
4. Telephone 5. Candidate's Voter Registration #:			) SW 18+5	+ Miami F133144	
	0.0	n #.			
	205683	,			
(Not	t required for Qualifying Purposes	5)			
(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):					
6. Office sought (include district, circuit, group number) 7			7. If a candidate for a nonpartisan office, check if		
Commissioner District 4 City of Miami 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 At	ffiliation			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					
Andres Vallina				17869738584	
12. Mailing Address 13. City 14. State			14. State	15. Zip Code	
6850 SW 18+ Street Miami			+L	33144	
16. I have designated the following bank as my  Primary Depository  Secondary Depository					
17. Name of Bank 18. Address					
bank of ame	orica	7760 W	Flagler	St.	
19. City	20. County	21. St	tate	22. Zip Code	
Miami	Miami-Dad	le. FL		23144	
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. Sign			gnature of Candidate		
9/21/23 X					
25. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, Andres Valla, , do hereby accept the appointment (Please Print or Type Name)					
designated above as:	Campaign Treasurer.	Deput	ty Treasurer.		
9/21/23 X					
Date		Signature of Ca	ampaign Treasurer or	Deputy Treasurer	