

**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 opening the campaign account.

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OFFICE OF THE CITY CLERK
CITY OF MIAMI
OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

Marion K. Brown

3. Address (include PO Box or Street, City, State, Zip Code):

1815 NW 41st Miami FL 33142

4. Telephone:

(305) 970-3244

5. Candidate's Voter Registration #:

131618422

(not required for qualifying purposes)

6. Email Address:

GRASSROOTS POLITICIAN@GMAIL.COM

7. Office Sought (include district, circuit, group, or seat #):

CITY MIAMI COMMISSIONER SEAT 5

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ 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

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☒ NA Party candidate.

10. I have appointed the following person to act as my:

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Ernestine Alexander

12. Telephone:

(786) 858-2398

13. Email Address:

ETAOBELL@OUTLOOK.NET

14. Mailing Address:

1799 NW 155th

15. City:

Miami Garden

16. State:

FLA

17. Zip Code:

33054

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

CHASE BANK

20. Address:

175 NW 199th

21. City:

Miami Garden

22. County: Miami

Dade

23. State:

FLA

24. Zip Code:

33169

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.

25. Date:

9-4-2024

26. Signature of Candidate:

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Ernestine Alexander do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

9-4-2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X 