

**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.

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)

Michael A. Hepburn

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

P.O. BOX 420935  
Miami, FL 33242

**4. Telephone:**

( 305 ) 528-3797

**5. Candidate's Voter Registration #:**

109884921

(not required for qualifying purposes)

**6. Email Address:**

michael@michaelhepburn.com

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

City of Miami Mayor

**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. ☐ \_\_\_\_\_ Party candidate.

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

☒ Campaign Treasurer

☐ Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Michael A. Hepburn

**12. Telephone:**

( 305 ) 528-3797

**13. Email Address:**

michael@michaelhepburn.com

**14. Mailing Address:**

P.O. BOX 420935

**15. City:**

Miami

**16. State:**

FL

**17. Zip Code:**

33242

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

**19. Name of Bank:**

Truist Bank

**20. Address:**

10690 NW 12th Street

**21. City:**

Doral

**22. County:**

Miami-Dade

**23. State:**

Florida

**24. Zip Code:**

33172

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:** 12/5/2024

**26. Signature of Candidate:**

X Michael A. Hepburn

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

I, Michael A. Hepburn do hereby accept the appointment designated above as:  
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:** 12/5/2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X Michael A. Hepburn