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.

RECEIVED

2025 MAY 28 PM 4: 38

OFFICE OF THE CITY CLERK
CITY OF MIAMI OFFICE USE ONLY

				OTTIOL OSE ONET	
1. CHECK APPROPRIATE BOX(ES):					
$oxedsymbol{oxed}$ Initial Filing of Form $oxedsymbol{\Box}$ Re-filing to Change: $oxedsymbol{\Box}$ Treasurer/Deputy $oxedsymbol{\Box}$ Depository $oxedsymbol{\Box}$ Office $oxedsymbol{\Box}$ Party					
Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name)		3. Address (include PO Box or Street, City, State, Zip Code):			
ALYSSA CROCKER		1111 NW 50th St. Miami, FL 33127-1831			
	•		-1001		
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:					
(904) 793 - 3538 (not required for qual	(increquined for qualifying purposes)				
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:					
City of Miami - Mayor					
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 Candi	date. 🗌			Party candidate.	
10. I have appointed the following person to act as my: ☐ Campaign Treasurer ☐ Deputy Treasurer					
Name of Treasurer or Deputy Treasurer:		12. Telephone: 13. Email Address:			
ALYSSA Crocker		1994)793-3	3538 ALYSSA	ifjeran@gmail.com	
14. Mailing Address:	15. City	y:	16. State:	17. Zip Code:	
1111 NW 55th St.	Mia	mi	FL	33127	
18. I have designated the following bank as my (check appropriate box): 🗹 Primary Depository 🗌 Secondary Depository					
19. Name of Bank: BankUnited			20. Address: 800 Brickell Ave.		
21. City:	22. Cou		23. State:	24. Zip Code:	
Mizmi		ni-Dade	FL	33(31	
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.					
,		26. Signature of C			
25. Date: $05/28/2025$		X			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)					
ALVSSA CROCKET do her aby accept the appointment designated above as:					
do hereby accept the appointment designated above as: (Please Print or Type Name)					
☑ Campaign Treasurer. ☐ Deputy Treasurer.					
		29. Signature of C	ampaign Treasure	r or Deputy Treasurer	
28. Date: \$\int 5 \/ 28 \/ 2.025		X			
DS-DE 9 (Rev. 09/23)			V	Rule 1S-2.0001, F.A.C.	