

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

NOTE: This form must be on file with the qualifying 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)

Williams Alfred Armbrister Sr.

3. Address (include post office box or street, city, state, zip code)

3260 Thomas Avenue Miami, Florida 33133

4. Telephone

(305) 205-6440

5. E-mail address

brotherarm@comcast.net

6. Office sought (include district, circuit, group number)

City of Miami Mayor

7. If a candidate for a nonpartisan office, check if 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

Williams Alfred Armbrister Sr.

11. Mailing Address

3260 Thomas Avenue

12. Telephone

(305) 205-6440

13. City

Miami

14. County

Miami-Dade

15. State

Florida

16. Zip Code

33133

17. E-mail address

brotherarm@comcast.net

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Grove Bank & Trust

20. Address

2701 South Bayshore Drive

21. City

Miami

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33133

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.

25. Date

09-21-17

26. Signature of Candidate

X WAD Sr

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

I, Williams Alfred Armbrister Sr., do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

09-21-17

Date

X WAD Sr

Signature of Campaign Treasurer or Deputy Treasurer