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

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officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Party Depository Office 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip MIGUEL ANGEL GABELA 1701 NW SOUTH RIVER DR. **MIAMI FL 33125** 4. Telephone 5. E-mail address ₍305 ₎ 310-5958 mikegabela@gmail.com 6. **Office sought** (include district, circuit, group number) CITY COMMISSIONER DISTRICT 1 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 JOSE R. SANCHEZ-GRONLIFR 11. Mailing Address 12. Telephone 122 MINORCA AVE. (305) 442-0243 16. Zip Code 13. City 14. County 15. State 17. E-mail address CORAL GABLES MIAMI-DADE 33134 josesanchezgronlier@gmail.com 18. I have designated the following bank as my **Primary Depository** Secondary Depository 19. Name of Bank 20. Address WELLS FARGO 2100 PONCE DE LEON BLVD. 21. City 22. County 23. State 24. Zip Code CORÁL GABLES MIAMI-DADE 33134 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 26. Signature of Candidate 02/08/2018 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) JOSE R. SANCHEZ=GRONLIER , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. 02/08/2018 Date Signature of Campaign Treasurer or Deputy Treasurer

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1. CHECK APPROPRIATE BOX(ES):

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Initial Filing of Form Re-filing to Change: Treasurer/Deputy ☐ Depository Office Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip. Miguel Angel Gabela 1701 nw S. River Dr. Miami, FI 33125 4. Telephone 5. E-mail address ₁305 _{310 5958} mikegabela@gmail.com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if City Commissioner District 1 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 Miguel Angel Gabela 11. Mailing Address 12. Telephone 1701 nw S River Dr (305) 310 5958 13. City 14. County 15. State 16. Zip Code 17. E-mail address Miami Miami Dade 33125 Mikegabela@gmail.com 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address Wells Fargo 2100 Ponce De Lean BLVD. 22. County 21. City 23. State 24. Zip Code Coral Gables Miami-Dade 33134

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 26. Signature of @andidate 2/9/18 X 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) Miguel Angel Gabela , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. 2/9/18 X Signature of Campaign Treasurer or Deputy Treasurer Date

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officer before opening th	e campa	iigii account.							19	OF	FICE U	SE	UNLY	
CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party														
2. Name of Candidate (in		3. Address (include post office box or street, city, state, zip												
Miguel Angel Gabela						code) 1701 nw S. River Dr. Miami,FI 33125								
4. Telephone 5. E-mail address														
(305) 310 5958	mikega	abela@gmail.c												
6. Office sought (include district, circuit, group number) City Commissioner District 1						7. If a candidate for a <u>nonpartisan</u> 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 AffiliationParty candidate.														
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer														
10. Name of Treasurer or Deputy Treasurer Mariela Gabela														
11. Mailing Address 1701 nw S River Dr						12. Telephone (305) 496 9995								
13. City Miami	14. C Mian	15. St FI	ate	16. 331	Zip Code 25	nde 17. E-mail address marielagabela@gmail.com								
18. I have designated the following bank as my														
1 · · · · · · · · · · · · · · · · · · ·					20. Address 100 Ponce De Lean BLVD.									
21. City Coral Gables			•			23. State FI				24. Zip Code 33134				
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 26. Signature, of Candidate														
2/9/18 X														
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)														
Mariela Gabela														
, do hereby accept the appointment (Please Print or Type Name)														
designated above as:	designated above as: Campaign Treasurer Deputy Treasurer													
2/9/18 X J and Ju														
Date				\$ign	Signature of Campaign Treasurer or Deputy Treasurer									