100 100 100												
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)					RECEIVED 2018 FEB 22 AM 11: 35							
(PLEASE PRINT OR TYPE)					OFFICE OF THE CITY CLERK							
NOTE: This form must b officer before opening the			lifying						OFFIC	EUSE	ONLY	
1. CHECK APPROPRIATE	BOX(ES):											
Initial Filing of Form		ng to Change:	Tre	easurer/	Deputy 🔽	Depo	sitory		Office		Party	
 Name of Candidate (in this order: First, Middle, Last) Miguel Angel Gabela 				3. Address (include post office box or street, city, state, zip code) 1701 nw S. River Dr.							zip	
	5. E-mail a nikegabe	I address Miami,Fl 33125 bela@gmail.com										
6. Office sought (include di City Commissioner Dist	ber)	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 parti	san office	, check block	and fill i	n name	of party as	applica	ble: N	Ay inte	nt is to ru	n as a		
Write-In No Party Affiliation												
9. I have appointed the following the second	owing per	rson to act as	my [Ca	mpaign Trea	surer		Deputy	Treasure	er		
10. Name of Treasurer or De	eputy Treas	surer										
11. Mailing Address							12.	Telep	hone			
13. City	14. Cou	4. County 15. St			16. Zip Code 17. E-mail address							
18. I have designated the f	ollowing b	oank as my	~	Prim	ary Depositor	ry	Se	condar	y Deposit	ory		
19. Name of Bank BB&T	5			20. Add 2000 P	ress once De Lo	ean BL	VD.					
21. City Coral Gables	22. County Miami-Dade			23. State FI					24. Zip Code 33134			
UNDER PENALTIES OF PERJUR DESIG		E THAT I HAVE I CAMPAIGN DEP							IPAIGN TR	EASURE	R AND	
25. Date 2/22/18												
27. Treasurer	's Accept	ance of Appo		- 4	blanks and	check t	he appr	opriate	block)		-	
1			(intracat		
·,	(Please F	Print or Type N	lame)	/		, do	nereby	accept	the appo	munent		
designated above as:		Campaign T	reasurer		Deputy Tre	easurer.						
			Χ									
Date			S	Signatur	e of Campaig	gn Treas	surer or	Deput	y Treasur	er		
DS-DE 9 (Rev. 10/10)								F	Rule 1S-2	.0001, F	A.C.	

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.

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APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)					RECEIVED 2018 FEB 22 PM 5: 00						
(PLEASE PRINT OR TYPE)					OFFICE OF THE CITY CLERK						
NOTE: This form must be on file with the qualifying officer before opening the campaign account.								OFFICE USE ONLY			
1. CHECK APPROPRIATE	•	S): -filing to Change	: 🗆 -	Treasu	irer/Deputy	Deposit	ory	Office Party			
2. Name of Candidate (in this order: First, Middle, Last)Miguel Angel Gabela4. Telephone (305) 310 59585. E-mail address mikegabela@gmail.com					3. Address (include post office box or street, city, state, zip code) 1701 nw S. River Dr. Miami,FI 33125						
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, chec applicable: Image: City Commissioner District 1 My intent is to run as a Write-In candidate											
8. If a candidate for a parti	<u>san</u> off	ice, check block	c and fi	ll in na	ame of party as	applicable	e: My int	ent is to run as a			
	arty Aff						Pa	arty candidate.			
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer											
To. Name of Treasurer of De	eputy II	easurer									
11. Mailing Address							12. Tele	phone			
13. City	14. C	County	15. St FI	tate	16. Zip Code	17. E-ma	ail address				
18. I have designated the f	ollowin	g bank as my		P	rimary Depositor	ry 🗌	Seconda	ary Depository			
19. Name of Bank Interamerican Bank					20. Address 1000 sw 57 Ave.# 1						
21. City West Miami					23. State FI			24. Zip Code 33144			
UNDER PENALTIES OF PERJUR DESIG	Y, I DECI	ARE THAT I HAVE	READ TH		EGOING FORM FO	R APPOINTN STATED IN I	IENT OF CA	MPAIGN TREASURER AND			
25. Date 2/22/18	26. S	6. Signature of Candidate									
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
, do hereby accept the appointment (Please Print or Type Name)											
designated above as: Campaign Treasurer Deputy Treasurer.											
Date			X	Siana	ature of Campaig	n Treasur	er or Depu	tv Treasurer			
				0							

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.