

**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 officer before opening the campaign account.

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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)

Michael A. Hepburn

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

P.O. BOX 420935  
Miami, FL 33242

**4. Telephone**

(786 ) 390-2068

**5. E-mail address**

michael@michaelhepburn.com

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

City of Miami 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**

Michael A. Hepburn

**11. Mailing Address**

P.O. BOX 420935

**12. Telephone**

( 786 ) 390-2068

**13. City**

Miami

**14. County**

Miami Dade

**15. State**

FL

**16. Zip Code**

33242

**17. E-mail address**

michael@michaelhepburn.com

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Bank of America

**20. Address**

1313 NW 36th Street

**21. City**

Miami

**22. County**

Miami Dade

**23. State**

FL

**24. Zip Code**

33142

**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**

August 31, 2018

**26. Signature of Candidate**

**X** *Michael A. Hepburn*

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

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

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

August 31, 2018

Date

**X**

*Michael A. Hepburn*

Signature of Campaign Treasurer or Deputy Treasurer