

**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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2019 JUN 27 AM 10: 10

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)

Revrn Shoshana Lincoln

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

210 NW 16 Street Apt 3

**4. Telephone**

(305 ) 763-0820

**5. E-mail address**

hibiscus9090@gmail.com

*city Miami FL 33136*

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

District 5

**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**

Revrn Shoshana Lincoln

**11. Mailing Address**

hibiscus9090@gmail.com

**12. Telephone**

*305 763 0820*

**13. City**

Miami

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33136

**17. E-mail address**

hibiscus9090@gmail.com

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

**19. Name of Bank**

Regions Bank

**20. Address**

1490 NW 3rd Avenue

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

FL

**24. Zip Code**

33136

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**

6/25/2019

**26. Signature of Candidate**

*X [Signature]*

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

I, Revrn Shoshana Lincoln, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

06/25/2019

Date

*X [Signature]*

Signature of Campaign Treasurer or Deputy Treasurer