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

2020 JAN 17 PM 4: 47 SITY OF MIAM

officer before opening the campaign account.									OFFICE	USE	ONLY		
1. CHECK APPROPRIATE BOX(ES):													
Initial Filing of Form		-filing to Change:	_ T	reasu	rer/D	eputy [Deposit	tory 🔲	Office		Party		
2. Name of Candidate (in this order: First, Middle, Last)						Address (include post office box or street, city, state, zip code)							
Stephanie S. Thomas													
4. Telephone	5. E-mail address												
	stephthomascampaign@gma i . Corh												
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if							
City of Miami, District 5					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 I	Party Affi	liation						Pa	arty cand	didate.			
9. I have appointed the following person to act as my													
10. Name of Treasurer or Deputy Treasurer													
Lumana Joseph													
11. Mailing Address						12. Telephone							
804 NE 125 Street) 450-27	36			
13. City	14. County 15. S							mail address					
North Miami	Miami-Dade FL				33161 Ijoseph@lumanatherapy.com								
18. I have designated the following bank as my						Primary Depository Secondary Depository							
19. Name of Bank					20. Address								
Bank of America					5000 Biscayne Blvd.								
1. City 22. County						23. State			24. Zip Code				
Miami	iami Miami-Dade			FL					33137				
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. S						6. Signature of Candidate							
1/15/2020					X Showa								
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)										t			
designated above as:													
1 15/2020 X													
Date Signature of Campaign Treasurer or Deputy Treasurer													