

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

2020 MAR -5 PM 1:52

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)

Stephanie Thomas

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

[REDACTED]

**4. Telephone**

[REDACTED]

**5. E-mail address**

stephthomascampaign@gmail.com

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

City of Miami Commission 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**

Aland Pierre-Canel, CPA

**11. Mailing Address**

12790 W. Dixie Hwy

**12. Telephone**

( 305 ) 316-0233

**13. City**

N. Miami

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33161

**17. E-mail address**

apcpasolutions@gmail.com

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

**19. Name of Bank**

Bank of America

**20. Address**

5000 Biscayne Blvd

**21. City**

Miami

**22. County**

Miami-Dade

**23. State**

FL

**24. Zip Code**

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**

02/28/2020

**26. Signature of Candidate**

X *[Signature]*

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

I, Aland Pierre-Canel, CPA, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

02/28/20

Date

X *[Signature]*

Signature of Campaign Treasurer or Deputy Treasurer

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[REDACTED]

stephthomascampaign@gmail.com

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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

Lumana Joseph

11. Mailing Address

810 NE 125 St

12. Telephone

( 305 ) 450-2736

13. City

N. Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33161

17. E-mail address

ljoseph@lumanatherapy.com

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19. Name of Bank

Bank of America

20. Address

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21. City

Miami

22. County

Miami-Dade

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25. Date

02/28/2020

26. Signature of Candidate

X 


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

I, Lumana Joseph, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

02/28/20

Date

X   
Signature of Campaign Treasurer or Deputy Treasurer