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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

RECEIVED

2021 MAR 19 PM 4: 13

OFFICE OF THE CITY CLERK CITY OF MIAMI

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) 3. Address (include post office box or street, city, state, zip 9855 NE 2nd Avermianisms 4. Telephone FL 33138 7. If a candidate for a nonpartisan office, check if applicable: Commissioner District 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 12. Telephone (202) 664-13. City 15. State 17. E-mail address 16. Zip Code 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address Albembra Circle 21. City 22. County 24. Zip Code Cover (schles 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. Signature of Candidate 3-19-2 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE PRINT OR TYPE)

RECEIVED 2021 MAR 12 PM 3:59 OFFICE OF THE CITY CLERK

officer before opening the campaign account.	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES):	Address	
	Treasurer/Deputy Depository Office Party	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip	
Zico Fremont	code)	
4. Telephone 5. E-mail address	180 NW 49 St., Miami, FL 33127	
(786)768-3567 Zico.fremont@gmail.c	on !	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if	
C in Dilait C	applicable:	
Commissioner District 5	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		
Anthony Paz		
11. Mailing Address	12. Telephone	
2801 Florida Ave., Apt. 419	(202)664 9019	
13. City 14. County 15. S Micmi Micm - Pade FL		
CONTROL OF THE CONTRO	33/33 anthonypar\$913@gmail.com	
18. I have designated the following bank as my Primary Depository Secondary Depository		
19. Name of Bank	20. Address	
Wells Fargo Bank	9899 NE Zna Ave.	
21. City 22. County Miami - Dade	23. State 24. Zip Code 33/38	
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. Signature of Candidate	
03/12/2021	X grow hum	
27. Treasurer's Acceptance of Appointment	nt (fill in the blanks and check the appropriate block)	
1, Anthony Paz	, do hereby accept the appointment	
(Please Print or Type Name)	, do notedy decept the appointment	
designated above as: Campaign Treasur	er Deputy Treasurer.	
03/12/2021 X Anthony Por		
Date	Signature of Campaign Treasurer or Deputy Treasurer	

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

RECEIVED

2021 MAR -3 PM 12: 53

OFFICE OF THE CITY-CLERK CITY OF MIAMI

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

officer before opening the campaign account.	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES):	17. Aldress	
	reasurer/Deputy Depository Defice Party	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip	
Zico Framont	code) PO BOX 330674	
4. Telephone 5. E-mail address	Miami FL, 33133	
1786:1762-3567 Zico. Franzito Grail.	CONT.	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if	
	applicable:	
Commissioner District 5	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		
Anthony Paz		
11. Mailing Address	12. Telephone	
PO BOX 330674	(202) 664-9019	
13. City 14. County 15. Sta Micmi-Dade FL	ate 16. Zip Code 17. E-mail address	
Miami - Dade FL	33133 anthonypar0913 egmail.com	
18. I have designated the following bank as my Primary Depository Secondary Depository		
19. Name of Bank One United Bank 3275 NW 79 St.		
21. City One United Bank 22. County		
Miami - Dade	23. State, 24. Zip Code 33147	
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. Signature of Candidate	
3-3-21	X Third trums	
4	t (fill in the blanks and check the appropriate block)	
I, Anthony Paz (Please Print or Type Name)	, do hereby accept the appointment	
designated above as: Campaign Treasure	r Deputy Treasurer.	
3-3-2021 X	Anthony Pr	
Date	Signature of Campaign Treasurer or Deputy Treasurer	

(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.	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES):		
Initial Filing of Form Re-filing to Change: 7	Treasurer/Deputy Depository Office Party	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip	
Zico Fremont	code) 180 NW 49 ST	
4. Telephone 5. E-mail address		
(786)768-3567 Zico Frensot (Gmail. Ca	micimi FL, 33127	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if	
N 1 7 6	applicable: My intent is to run as a Write-In candidate.	
District 5 Commissioner		
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 Anthony Pal		
11. Mailing Address	12. Telephone	
20 001	t. 419) (2×2) 664.9a19	
13. City 14. County 15. St. Coconut Grove Mini - Dade FL	Consider Table 1 and Constitution of the Const	
*		
18. I have designated the following bank as my	Primary Depository Secondary Depository	
19. Name of Bank 20. Address		
One United Bank	3275 NW 79 ST	
21. City 22. County	23. State 24. Zip Code	
Micimi Miumi - Dade	Florida 33147	
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. Signature of Candidate	
2/24/202/	X Sueo Lumy	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
1, Anthony Pat	, do hereby accept the appointment	
(Please Print or Type Name)	Deputy Transurer	
designated above as: Campaign Treasure	Deputy Treasurer.	
02/24/2021 X 1	Signature of Campaign Treasurer or Deputy Treasurer	