## 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

DS-DE 9 (Rev. 10/10)

CITY OF CORAL GABLES RECEIVED BY THE OFFICE OF THE CITY CLERK

2020 NOV 19 PM 3: 29

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

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
☐ Initial Filing of Form Re-filing to Change: ☐ Tr	easurer/Deputy Depository Office Party
Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
PATRICIA ANN KEON	code) 60 dage water A, Apt 11A  Coral Grables, Fl  33133
4. Telephone 5. E-mail address	Com Bables, 1-1
(305)666-4148 Pat Keen@aol. com	33133
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Mayor	applicable:  My intent is to run as a Write-In candidate.
8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> 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	
ERIK LOPEZ	
11. Mailing Address	12. Telephone
1607 PONCE DE LEUN BLUD	#106 (305) 910-5600
13. City 14. County 15. Sta	te 16. Zip Code 17. E-mail address 33134 Crik pez@ outlook. Com
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank	20. Address
Suntrust	5857 Sunset Dr.
21. City 22. County	23. State 24. Zip Code
20. Mami Inde	33/43
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
11/19/20	X Falacea Lein
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, LOPEC (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer.	
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11 6 20 X	
Date	Signature of Campaign Treasurer or Deputy Treasurer