

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE
2023 FEB 20 PM 1:46

CITY CLERK'S OFFICE
2022 JUL 8 PM 2:11

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input checked="" type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party					
2. Name of Candidate (in this order: First, Middle, Last) Sean Patrick McGrover			3. Address (include post office box or street, city, state, zip code) 2810 S. Le Jeune Rd Coral Gables, FL 33134		
4. Telephone (407) 765-0341		5. E-mail address Sean2109@gmail.com			
6. Office sought (include district, circuit, group number) City Commissioner Group B 4			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.		
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input checked="" type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate					
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input checked="" type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer Alexia McGrover					
11. Mailing Address 2810 S. Le Jeune Rd, Coral Gables FL 33134				12. Telephone (786) 200-3061	
13. City Coral Gables		14. County Miami-Dade	15. State FL	16. Zip Code 33134	17. E-mail address alexiajmaxwell@gmail.com
18. I have designated the following bank as my <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank Region's Bank			20. Address 2800 Ponce De Leon Blvd		
21. City Coral Gables		22. County Miami-Dade		23. State Florida	24. Zip Code 33134
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 7-8-2022			26. Signature of Candidate <input checked="" type="checkbox"/> Alexia McGrover		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, <u>Alexia McGrover</u> , do hereby accept the appointment (Please Print or Type Name)					
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer. <input checked="" type="checkbox"/> Deputy Treasurer.					
<u>7-8-2022</u> Date			<input checked="" type="checkbox"/> <u>Alexia McGrover</u> Signature of Campaign Treasurer or Deputy Treasurer		