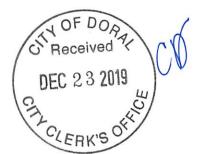# APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

CITY OF DORAL
Received
DEC 23 2019
CITY CLERK'S OFFICE

CD

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)

ALBERTO H. CHAVEZ

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

11356 NW 57 TERR
DORAL, FL 33178

4. Telephone

(305) 586-2516

5. E-mail address

ALBERTCHAVEZ51@GMAIL.COM

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

CITY OF DORAL COUNCIL SEAT 3

7. If a candidate for a <u>nonpartisan</u> office, check if applicable:

☐ 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

☐ 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

NATALIA VENUS

11. Mailing Address

5081 NW 116 CT.

12. Telephone

(786) 223-6862

13. City	14. County	15. State	16. Zip Code	17. E-mail address
DORAL	DADE	FL	33178	NATALIAMVENUS@YAHOO.COM

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

19. Name of Bank

APOLLO BANK

20. Address

8600 NW 17 ST. #120

21. City	22. County	23. State	24. Zip Code
DORAL	DADE	FLORIDA	33126

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

12-22-2019

26. Signature of Candidate

X _(signature)_

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

I, Natalia Venus , do hereby accept the appointment

(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

12/22/2019
Date

X _(signature)_
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

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