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.



OFFICE USE ONLY

officer pereit opening th	o oumpaign	account.						01110	_ USL	CIVET
1. CHECK APPROPRIATE Initial Filing of Form		g to Change: [Treas	surer/D	eputy [Depository	/ X	Office	П	Party
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip										
Victor Manuel Camara		code) 9773 NW 49th TER								
4. Telephone	5. E-mail ad	ddress	ı	DORAL, FL 33178						
(305) 3012403	victorcamaracampaign@gma									
6. Office sought (include of MAYOR	·)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:								
10000		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 AffiliationParty candidate.										
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer										
Jennifer Pinchevski										
11. Mailing Address 12. Telephone										
11403 NW 89 ST #)O9 (786) 2805737										
13. City	14. Coun	1	5. State	- 1	Zip Code	17. E-mail a	address			
DORAL		33178 jpvictorcamaracampaign				mpaign@	⊉gma	il.com		
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank				20. Address						
Bank Ozk	299	2995 NW 82 AV								
21. City					23. State			24. Zip Code		
DORAL	L DADE			FL			33122			
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										
07/23/2020 X										
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I,, do hereby accept the appointment										
(Please Print or Type Name)										
designated above as: Campaign Treasurer Deputy Treasurer.										
07/23/2		CHUT T								
Date	Sig	Signature of Campaign Treasurer or Deputy Treasurer								