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	OFFICE USE ONLY										
1. CHECK APPROPRIATE BOX(ES):											
Initial Filing of Form	Re-filing to Change:	X I	reasu	rer/De	eputy	Depository		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip										zip	
IVETTE GONZALEZ P	code) 10352 NW 46 TERRACE										
4. Telephone	5. E-mail address	DORAL, FL 33178									
(786) 423-5977	ivette@petkovichlawfirm.com										
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
CITY OF DORAL, COL	applicable: 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 IVETTE GONZALEZ PETKOVICH											
11. Mailing Address 12. Telephone											
10352 NW 46 TERRACE (786) 423-5977											
13. City	14. County	County 15. Sta									
DORAL	MIAMI-DADE	FL		331		ivette@petkovichlawfirm.com					
18. I have designated the following bank as my Primary Depository Secondary Depository											
19. Name of Bank				20. Address							
BB&T TRUIST	2500 NW 107 AVENUE, SUITE 100										
21. City	21. City 22. County			23. State				24. Zip Code			
DORAL	DRAL MIAMI-DADE			FL					33172		
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											
21122 X Juli Jethrich											
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.											
Date X Signature of Campaign Treasurer or Deputy Treasurer								er			
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