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								
1. CHECK APPROPRIATE BOX(ES):													
	Re-	filing to Change:	☐ Tre	easu	rer/D	eputy [Dep	ository	/ 	Office	☐ Party		
2. Name of Candidate (in this order: First, Middle, Last)						3. Address (include post office box or street, city, state, zip							
Juan Manuel Sucre					code) 11510 NW 79th Ln								
4. Telephone	5. E-mail address				Doral, FL 33178								
(786)352-3475 jr	jmsucre@hotmail.com												
Office sought (include district, circuit, group number) City of Doral, Council Seat #2					7. If a candidate for a <u>nonpartisan</u> office, check if								
only of Borat, Gouriell Geat #2					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 AffiliationParty candidate.										candidate.			
9. I have appointed the following person to act as my													
10. Name of Treasurer or Deputy Treasurer													
Juan Manuel Sucre													
11. Mailing Address										elephone			
11510 NW 79th Ln								755		6)35	2-3475		
13. City Doral	14. County 15. Sta			te						nail co	ım		
Doral Miami-Dade FL 33178 jmsucre@hotmail.com 18. I have designated the following bank as my Primary Depository													
19. Name of Bank 20. Address													
					3699 NW 36 St								
21. City	22. County	2. County			23. State				24. Zip	Code			
Doral	al Miami-Dade			FL						3316	6		
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													
07/08/2022 X Menals.													
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.													
07/08/2	02	2	X	#	20	und	7.						
Date Signature of Campaign Treasurer or Deputy Treasurer													