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

(PLEASE PRINT OR TYPE)

2020 FEB 13 AM II: 5 i
PALM BEACH COUNTY, FL

NOTE: This form must be on file with the qualifying officer before opening the campaign account.	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)	3. Address (include post office box or street, city, st	tate, zip		
Canoste Succe	code)			
4. Telephone 5. E-mail address	Laxe Worth, FL 33	9		
(561)860-4015 Canestesucce 62 garofico	Laxe worth, FL 33	,460		
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office,	check if		
	applicable:			
Counts Commission District 7 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 a	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				
Caneste Succe				
11. Mailing Address	12. Telephone			
1310 S. Federal Hug L	are worth ()			
13. City 14. County 15. Sta	te 16. Zip Code 17. E-mail address			
13.0 S. Federal Hus L 13. City 14. County 15. Sta Laxe worth pain Bch	1 33460 Carestesuccebic	Da hoo. Co		
	Primary Depository Secondary Depositor			
	20. Address			
Bank OF America 21. City Lake Worth Palm Beau	FLS-475-01-01 14 N Federal	Huy		
21. City 22. County	23. State 24. Zip Coo	de		
Care worth pain Bear	ch FL 3346	50		
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 1				
02-13-20 * Signature of conjunctions				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
I, Caneste Succe , do hereby accept the appointment				
(Please Print or Type Name)				
designated above as: Campaign Treasurer Deputy Treasurer				
02-13-20 X				
Date Signature of Campaign Treasurer or Deputy Treasurer				

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

(PLEASE PRINT OR TYPE)

2020 FEB 13 AM II: 51
PALM BEACH COUNTY, FL

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

officer before opening the campaign account.	OFFICE USE ONLY			
1. CHECK APPROPRIATE BOX(ES):	7			
	reasurer/Deputy Depository Office Pariy			
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)			
Coneste Succe	1710 S. Federal Hus			
4. Telephone 5. E-mail address	Love worth, FL 33460			
(561)866-4015 @ Sahoo. Com	Cerce Courting - 32 to			
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if			
	applicable:			
Counts Commissiones Disto	20.			
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				
Crica Ensiquer				
11. Mailing Address	12. Telephone			
	-cie (56) 1762-73 92			
13. City 14. County 15. Sta	ate 16. Zip Code 17. E-mail address			
Wellington pain seach &	16. Zip Code 17. E-mail address 23414 @ Smc12 Co 2396			
18. I have designated the following bank as my	Primary Depository Secondary Depository			
19. Name of Bank	20. Address			
Bank Of America	FLS-475-01-01 14 N. Gederal IIn			
21. City 22. County Laxe Worth pain Bea	23. State 24. Zip Code			
Laxe Worth pain osea	ch FC 33460			
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 Candinate			
02 13-20	X Suspillo			
27. Treasurer's Acceptance of Appointment	(fill in the blanks and check the appropriate block)			
1. Crica Ensiquez				
(Please Print or Type Name)	, do hereby accept the appointment			
designated above as: Campaign Treasurer	Deputy Treasurer.			
2-13-20 X	El =			
Date	Signature of Campaign Treasurer or Deputy Treasurer			

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

SUPERVISOR OF ELECTIONS

2020 FEB -5 AM 1:13

PALM BEACH COUNTY, FL

officer before opening the campaign account.	OFFICE USE ONLY			
1. CHECK APPROPRIATE BOX(ES):				
	Treasurer/Deputy 🔲 Depository 🔲 Office 🔲 Party			
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip			
Caneste Succe	code) 1310 S. Federal Hus			
4. Telephone 5. E-mail address	Laxe Worth, FL 33460			
(561)840-4015 Canestesucce Cosahou	2. Com			
6. Office sought (include district, circuit, group number)	er) 7. If a candidate for a <u>nonpartisan</u> office, check if applicable:			
Counts Commission District T My intent is to run as a Write-In candidate.				
	ill 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				
Erika R Ensiquez				
11. Mailing Address	12. Telephone			
13521 Northumberland	Circle (561)762.7392			
13. City 14. County 15. S	tate 16. Zip Code 17. E-mail address			
Wellington Palm Beach F	C:=C!E (561)762-7392 State 16. Zip Code 17. E-mail address L 33414			
18. I have designated the following bank as my Primary Depository Secondary Depository				
19. Name of Bank	20. Address			
Tropical Finance CU 6786 Okeechobee Blud. 21. City 22. County 23. State 24. Zip Code West galm Beach palm Beach F1 33411				
21. City 22. County	23. State 24. Zip Code			
West palm Beach palm Be	ach F1 33411			
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			
02-04-20 -	X Swelling			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
I, Erika & Ensiquez , do hereby accept the appointment (Please Print or Type Name)				
designated above as: Campaign Treasurer Deputy Treasurer.				
2-4-20 X 35-3-1				
Date	Date Signature of Campaign Treasurer or Deputy Treasurer			

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS 2019 AUG 23 PM 2: 10 PALM BEACH COUNTY, FL

officer before opening the campaign account.	OFFICE USE ONLY			
1CHECK APPROPRIATE BOX(ES):				
The state of the s	reasurer/Deputy Depository Office Party			
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip			
Careste Succe	code) 1310 S. Federal Huy			
4. Telephone 5. E-mail address	Late Worth IFL 33400			
(786) 597-950 Canestesucce yahoo.com				
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if				
County Commission District 7 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				
Caneste Succe				
11. Mailing Address	12. Telephone			
1310 S Federal Hwy	Carlwrh - Ge1,541-2618			
13. City 13. City 14. County 15. State 16. Zip. Code 17. E-mail address 12. Telephone 12. Telephone 13. City 14. County 15. State 16. Zip. Code 17. E-mail address Carestesuccelo2@yakoo.a				
18. I have designated the following bank as my Primary Depository Secondary Depository				
19. Name of Bank Tropical Firance Credit Union 6786 Okeechodee Blvd 21. City West Palm Beach Palm Beach 22. County Palm Beach Palm Beach 123. State 124. Zip Code 133411				
21. City 2 22. County	23. State 27 24. Zip Code			
West Palm Beach Palm Be	ach Florida 33411			
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			
08-23-2019	X Assected to			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
1, Caneste Succe	, do hereby accept the appointment			
(Please Print or Type Name)				
designated above as: Campaign Treasurer Deputy Treasurer.				
8-23-2019 X Surgh Transver of Deputy Transver				
Date Signature of Campaign Treasurer or Deputy Treasurer				

STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please print or type)

OFFICE USE ONLY

SUPERVISOR OF ELECTIONS

2019 AUG 23 PM 2: 10

PALM BEACH COUNTY, FL

I, CANESTE SUCCE	section 1
candidate for the office of County Cor	nmission, District
have been provided access to read and understand	the requirements of
Chapter 106, Florida Statutes.	*
¥	
	^ ×
X Signature of Candidate	08-23-19 Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).