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 filing officer before opening the campaign account.



NOV 29 2023

PRISCILLA TORRES, MMC
VILLAGE CLERK

OFFICE USE ONLY

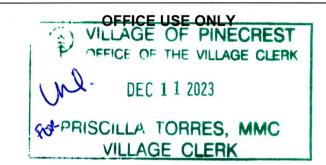
1. CHECK APPROPRIATE BOX(ES):	
✓ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasure	rer/Deputy 🗌 Depository 🔲 Office 🔲 Party
2. Name of Candidate (in this order: First, Middle, Last):	3. Address (include PO Box or Street, City, State, Zip Code):
(Please Print or Type Name)	7000 SN 1331d SWeet
	11: 11: [1 23/56
Shannon, Lyn, del Prado	19172041, 7 2 33.33
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:	
(3.5) 975 811 $\frac{(0.970)}{(0.01)}$ $\frac{3+9}{(0.01)}$ $\frac{3+9}{(0.01)}$	
7. Office Sought (include district, circuit, group, or seat #): V:11agc y riviccrest, Scot #3 8. If a candidate for a nonpartisar office, check the box if applicable:	
	Tillella to full as a write-ill Callalate.
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a	
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐	Party candidate.
10. I have appointed the following person to act as my:	☑ Campaign Treasurer ☐ Deputy Treasurer
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:
Howard Pita	(305) 7928616 Spital pridlantion
14. Mailing Address:	ty: 16. State: 17. 21p Code:
7000 SW 133 d Sweet Piv	necrest, FC 33156
18. I have designated the following bank as my (check appropriate box): 🗹 Primary Depository 🗌 Secondary Depository	
19. Name of Bank:	20. Address:
21. City: 22. Co	ounty: 23. State: 24. Zip Code:
2	ayi Dade FL 33156
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.	
	26. Signature of Candidate:
25. Date: ///2 \ / 23	X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)	
I, HOWAS (Please Print or Type Name)	do hereby accept the appointment designated above as:
Campaign Treasurer.	Deputy Treasurer.
/	29. Signature of Campaign Treasurer of Deputy Treasurer
28. Date: 11/29/23	X
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

Signature of Candidate



candidate for the office of Village Council-Scat3; have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

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).