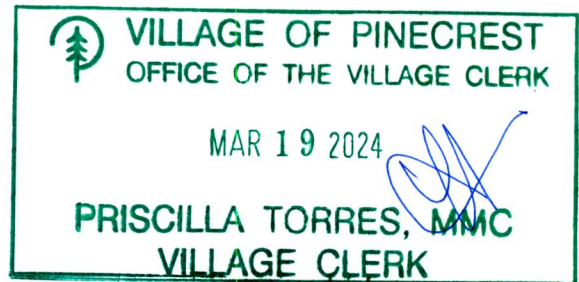


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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.



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):
(Please Print or Type Name)

Raphael A. Sanchez

3. Address (include PO Box or Street, City, State, Zip Code):

8360 SW 135 Street
Pinecrest, FL 33156

4. Telephone:

(786) 271-0292

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

RSanchez@RalphSanchezLaw.com

7. Office Sought (include district, circuit, group, or seat #):

Village Council, Seat 3

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

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:

Jacqueline Cundins

12. Telephone:

(305) 4013445

13. Email Address:

JackieCundins@gmail.com

14. Mailing Address:

8365 SW 135 St

15. City:

Pinecrest

16. State:

FL

17. Zip Code:

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. County:

23. State:

24. Zip Code:

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.

25. Date: 3.19.2024

26. Signature of Candidate:

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Jacqueline Cundins do hereby accept the appointment designated above as:

(Please Print or Type Name)

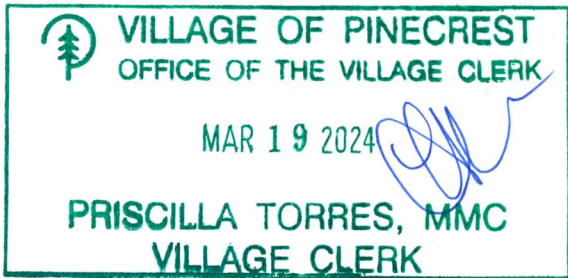
Campaign Treasurer.

Deputy Treasurer.

28. Date: 3/19/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X



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.

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):
(Please Print or Type Name)

Raphael Sanchez

3. Address (include PO Box or Street, City, State, Zip Code):

8360 SW 135 Street
Pinecrest, FL 33156

4. Telephone:

(786) 271-0292

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

RSANCHEZ@RalphSanchezLaw.com

7. Office Sought (include district, circuit, group, or seat #):

Village Council, Seat 3

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

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:

Raphael Sanchez

12. Telephone:

(786) 271 0292

13. Email Address:

RSANCHEZ@RalphSanchezLaw.com

14. Mailing Address:

8360 SW 135 Street

15. City:

Pinecrest

16. State:

FL

17. Zip Code:

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. County:

23. State:

24. Zip Code:

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.

25. Date:

3.19.2024

26. Signature of Candidate:

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Raphael Sanchez do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

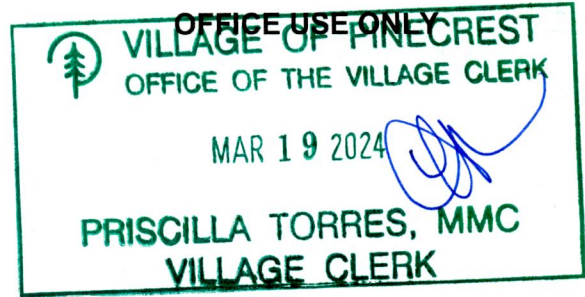
29. Signature of Campaign Treasurer or Deputy Treasurer

X

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)



I, Raphael A. Sanchez ,

candidate for the office of Council Seat 3 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

A handwritten signature in black ink, appearing to be "R. Sanchez", written over a horizontal line.

Signature of Candidate

3.19.2024

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).