

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

| | |
|---|---|
| Name of Candidate EVARISTO L. MARINA | 1. Address (include post office box or street, city, state, zip code) 2800 S.W. 7 ST. APT. 205 MIAMI FL 33135 |
|---|---|

| | | |
|---|--|---|
| Telephone (optional) (305) 649-0337 | 2. Party (Partisan candidates only) N/A | 3. Office (add district, circuit, group number) CITY OF MIAMI COMMISSIONER CR. 4 |
|---|--|---|

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
EVARISTO L. MARINA

| | |
|--|------------------------------|
| 5. Mailing Address (If post office box or drawer add street address) 2800 S.W. 7 ST. APT. 205 | 6. Telephone 305-303-4387 |
|--|------------------------------|

| | | | |
|------------------|-------------------------|---------------------|-----------------------|
| 7. City MIAMI | 8. County MIAMI-DADE | 9. State FLORIDA | 10. Zip Code 33135 |
|------------------|-------------------------|---------------------|-----------------------|

I have designated the following named bank as my Primary Depository Secondary Depository

| | |
|---|--|
| 11. Name of Bank CONTINENTAL NATIONAL BANK | 12. Street Address 1801 S.W. 1st STREET |
|---|--|

| | | | |
|-------------------|--------------------------|----------------------|-----------------------|
| 13. City MIAMI | 14. County MIAMI-DADE | 15. State FLORIDA | 16. Zip Code 33135 |
|-------------------|--------------------------|----------------------|-----------------------|

| | |
|---|------------------|
| 17. Signature of Candidate <input checked="" type="checkbox"/> <i>Evaristo L. Marina</i> | Date 05-04-07 |
|---|------------------|

Campaign Treasurer's Acceptance of Appointment

I, EVARISTO L. MARINA, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of EVARISTO L. MARINA

who is seeking nomination or election as a N/A candidate to the office of
(Party)

CITY OF MIAMI COMMISSIONER . As a duly registered voter in MIAMI-DADE

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

05-04-07 *Evaristo L. Marina*
Date Signature of Campaign Treasurer or Deputy Treasurer

CONTINENTAL NATIONAL BANK

1801 S.W. 1 Street
Miami, Florida 33135

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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CITY CLERK
CITY OF MIAMI, FL

I, EVARISTO L. MARINA

candidate for the office of CITY OF MIAMI COMMISSIONER GROUP 4 ;

E.L.M. DISTRICT

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

x Evaristo L. Marina
Signature of Candidate

05-07-07

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).