

RECEIVED

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY: 01

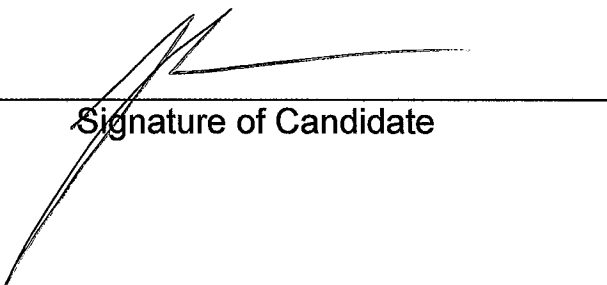
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

I, MIGUEL ANGEL GABELA,

candidate for the office of CITY OF MIAMI COMMISSIONER, DISTRICT 1 ;

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

X



Signature of Candidate

06/20/2011

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).

RECEIVED
11 JUN 27 PM 4:02
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

11 JUN 27 PM 4:01

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, 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)

MIGUEL ANGEL GABELA

3. Address (include post office box or street, city, state, zip code)

1701 NW SOUTH RIVER DR.

4. Telephone

(786) 619-6966

5. E-mail address

gabela4commissioner@gmail.com

MIAMI, FL 33125

6. Office sought (include district, circuit, group number)

CITY OF MIAMI COMMISSIONER, DISTRICT 1

7. If a candidate for a nonpartisan office, check if 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

JOSE R. SANCHEZ-GRONLIER

11. Mailing Address

1701 NW SOUTH RIVER DR.

12. Telephone

(305) 282-9817

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33125

17. E-mail address

josesanchezgronlier@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

CHASE

20. Address

1400 NW 17 AVE.

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33125

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

06/20/2011

26. Signature of Candidate

X

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

I, JOSE R. SANCHEZ-GRONLIER, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06/20/2011

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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

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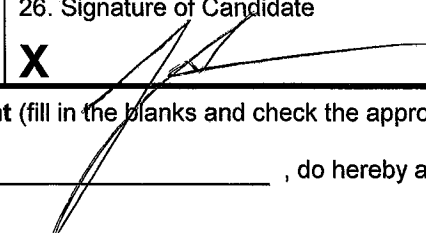
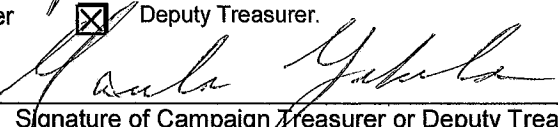
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OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):					
<input checked="" type="checkbox"/> Initial Filing of Form		Re-filing to Change: <input checked="" type="checkbox"/> Treasurer/Deputy		<input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party	
2. Name of Candidate (in this order: First, Middle, Last) MIGUEL ANGEL GABELA			3. Address (include post office box or street, city, state, zip code) 1701 NW SOUTH RIVER DR. MIAMI, FL 33125		
4. Telephone (786) 619-6966		5. E-mail address gabela4commissioner@gmail.com			
6. Office sought (include district, circuit, group number) CITY OF MIAMI COMMISSIONER, DISTRICT 1			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> 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 as a					
<input type="checkbox"/> Write-In		<input checked="" type="checkbox"/> No Party Affiliation		<input type="checkbox"/> _____ Party candidate.	
9. I have appointed the following person to act as my <input type="checkbox"/> Campaign Treasurer <input checked="" type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer MARIELA GABELA					
11. Mailing Address 1701 NW SOUTH RIVER DR.				12. Telephone (786) 619-6966	
13. City MIAMI	14. County MIAMI-DADE	15. State FL	16. Zip Code 33125	17. E-mail address gabela4commissioner@gmail.com	
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank CHASE			20. Address 1400 NW 17 AVE.		
21. City MIAMI		22. County MIAMI-DADE		23. State FL	24. Zip Code 33125
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 06/20/2011			26. Signature of Candidate 		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, <u>MARIELA GABELA</u> , do hereby accept the appointment (Please Print or Type Name)					
designated above as:		<input checked="" type="checkbox"/> Campaign Treasurer		<input checked="" type="checkbox"/> Deputy Treasurer.	
<u>06/20/2011</u> Date		 Signature of Campaign Treasurer or Deputy Treasurer			

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
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MIAMI, FL 33125

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10. Name of Treasurer or Deputy Treasurer

MIGUEL A. GABELA

11. Mailing Address

1701 NW SOUTH RIVER DR.

12. Telephone

(786) 619-6966

13. City

MIAMI

14. County

MIAMI-DADE

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25. Date

06/20/2011

26. Signature of Candidate

X 

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

I, MIGUEL A. GABELA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06/20/2011

Date

X

Signature of Campaign Treasurer or Deputy Treasurer