

OFFICE USE ONLY

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Miguel Angel Gabela,


candidate for the office of City of Miami Commissioner, District 1 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

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2015 MAR 30 PM 4:34  
OFFICE OF THE CITY CLERK  
CITY OF MIAMI, FL

X

  
Signature of Candidate

3/30/15  
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).

**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 qualifying officer before opening the campaign account.

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**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.  
Miami, Florida 33125

**4. Telephone**

305 810 5958

**5. E-mail address**

gabela4commissioner@gmail

**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**

3/30/15

**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.

03/30/15

X

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
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Miguel Angel Gabela

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

1701 NW South River Dr.  
Miami, Florida 33125

**4. Telephone**

(305) 3105958

**5. E-mail address**

gabela4commissioner@gmail

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

City of Miami Commissioner, District 1

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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**

Miguel Angel Gabela

**11. Mailing Address**

1701 NW South River Dr.

**12. Telephone**

3057545-0649

**13. City**

Miami

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33125

**17. E-mail address**

gabela4commissioner@gmail.com

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Chase

**20. Address**

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Miami

**22. County**

Miami-Dade

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**25. Date**

3/30/15

**26. Signature of Candidate**

X

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

I, Miguel Angel Gabela, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

3/30/15  
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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

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**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, Florida 33125

**4. Telephone**

(305) 310 5958

**5. E-mail address**

gabela4commissioner@gmail

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

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**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**

Mariela Gabela

**11. Mailing Address**

1701 NW South River Dr.

**12. Telephone**

(305) 496-9885

**13. City**

Miami

**14. County**

Miami-Dade

**15. State**

FL

**16. Zip Code**

33125

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gabela4commissioner@gmail.com

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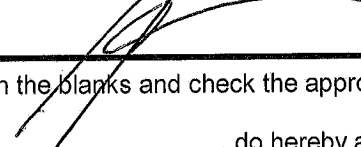
33125

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**25. Date**

3/30/15

**26. Signature of Candidate**

X 

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

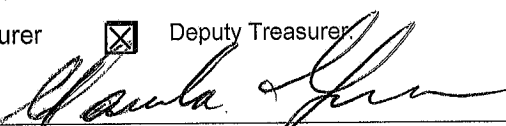
I, Mariela Gabela, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer

3/30/15  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer