

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY  
RECEIVED

11 MAR -8 AM 10:19

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI FL

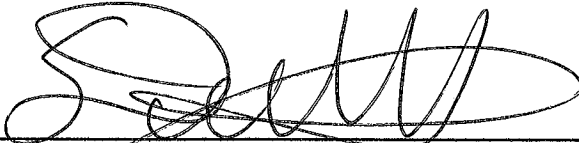
I, DONNA MILO,

candidate for the office of CITY OF MIAMI DISTRICT 2  
COMMISSION;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X

  
\_\_\_\_\_  
Signature of Candidate

3/2/11  
\_\_\_\_\_  
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)

RECEIVED

11 MAR -8 AM 10:19

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) DONNA MILO  
 3. Address (include post office box or street, city, state, zip code) 738 NE 75 ST MIAMI, FL 33138

4. Telephone (954) 914 2822      5. E-mail address donnamilo@donnamilo.com

6. Office sought (include district, circuit, group number) DIST. 2 CITY OF MIAMI  
 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 DONNA MILO

11. Mailing Address 738 NE 75 ST MIAMI      12. Telephone ( )

13. City MIAMI      14. County DADE      15. State FL      16. Zip Code 33138      17. E-mail address DONNAMILO@DONNAMILO.COM

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

19. Name of Bank CONTINENTAL NATL. BANK      20. Address 1801 SW 1ST ST.

21. City MIAMI      22. County DADE      23. State FL.      24. Zip Code 33135

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 3/4/11      26. Signature of Candidate [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  
 I, DONNA MILO, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.  
3/4/11 Date      [Signature] Signature of Campaign Treasurer or Deputy Treasurer

**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.**

RECEIVED

11 MAR -8 AM 10:19

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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)

DONNA E. MILD

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

738 NE 75 STREET  
MIAMI FL 33138

4. Telephone

(954) 914-2822

5. E-mail address

DONNAMILD@DONNAMILD.COM

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

DISTRICT 2, COMMISSION, CITY OF MIAMI

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

Ernesto Martinez Jr.

11. Mailing Address

2937 SW 27 Ave., Ste. 104

12. Telephone

(305) 446-0702

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33133

17. E-mail address

emjfirm@aol.com

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

19. Name of Bank

CONTINENTAL NATIONAL BANK

20. Address

1801 SW 1ST STREET

21. City

MIAMI

22. County

MIAMI DADE

23. State

FLA.

24. Zip Code

33135

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

3/4/11

26. Signature of Candidate

*[Handwritten Signature]*

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

I, Ernesto Martinez Jr., do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

3/4/11  
Date

*[Handwritten Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer