

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

**11 JAN -7 AM 10:11**

**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)**

*Kate Mary Callahan*

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

*2111 Tringard Ave  
Coconut Grove, Fl. 33133*

**4. Telephone**

*(305) 860-9226*

**5. E-mail address**

*KCALCA1067@AOL.COM*

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

*City Commissioner - District 2*

**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**

*Nelly Farra*

**11. Mailing Address**

*4875 N. Kendall Dr.*

**12. Telephone**

*(305) 667-1332*

**13. City**

*Miami*

**14. County**

*Miami-Dade*

**15. State**

*Fl*

**16. Zip Code**

*33156*

**17. E-mail address**

*JONEMIA@AOL.COM*

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

**19. Name of Bank**

*Citi Bank*

**20. Address**

*1600 Coral Way*

**21. City**

*Miami*

**22. County**

*Miami-Dade*

**23. State**

*Florida*

**24. Zip Code**

*33145*

**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**

*1/7/11*

**26. Signature of Candidate**

*X Kate Callahan*

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

I, *NELLY FARRA*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*1/7/11*  
Date

*X Nelly Farra*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

I, KATE CALLEHAN,

candidate for the office of City Commissioner - District 2;

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

Florida Statutes.

X Kate Callehan  
Signature of Candidate

1/7/11  
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).