

**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.

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)
Zoraida A Barreiro

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

2101 SW 4 Avenue
Miami, FL 33129

4. Telephone (305) 856-7835 5. E-mail address zoraidabarreiro@me.com

6. Office sought (include district, circuit, group number)
City Commissioner, District 3

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
Loreta M Sanchez

11. Mailing Address
PO Box 015862

12. Telephone
(305) 642-2228

13. City Miami **14. County** Miami-Dade **15. State** FL **16. Zip Code** 33101 **17. E-mail address** loreta92@me.com

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

19. Name of Bank Ocean Bank **20. Address** 780 NW 42 Avenue

21. City Miami **22. County** Miami-Dade **23. State** FL **24. Zip Code** 33126

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
01-24-2017

26. Signature of Candidate

X

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

Loreta M Sanchez

I, _____, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer

Deputy Treasurer.

01-24-2017

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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RECEIVED
2017 JAN 31 PM 12:46
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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2. Name of Candidate (in this order: First, Middle, Last)
Zoraida A Barreiro

4. Telephone 856-7835 5. E-mail address

6. Office sought (include district, circuit, group number)
City Commissioner, District 3

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

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Miami, FL 33129

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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
Bruno A Barreiro

11. Mailing Address
2101 SW 4 Avenue

12. Telephone
(305) 856-7835

13. City 14. County 15. State 16. Zip Code 17. E-mail address

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

19. Name of Bank
Ocean Bank **20. Address**
780 NW 42 Avenue

21. City **22. County** **23. State** **24. Zip Code**

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
01-24-2017

26. Signature of Candidate



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

Bruno A Barreiro
I, _____, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.



Signature of Campaign Treasurer or Deputy Treasurer