STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)



, Alejandro levy

candidate for the office of District 4

DISTRICT 4 cover mo

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X

Signature of Candidate

05-61-20L

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)



officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change: T	reasurer/Deputy
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Alejaudro (= 47	code) 10170 collin Aur
4. Telephone 5. E-mail address	Bay Harbour FL 33154
(914) 4141122 Aleyndolarsegmilia	m Day Parboor 1 2 3 3 13 1
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Ceardon Distret 4	applicable: 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	
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	
11. Mailing Address	12. Telephone
10170 collins No #10 Ballobon FL (914)4141122	
13. City 14. County 15. Sta The state of	
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank 20. Address	
wells forso	4401 Harding MUS
21. City SURFISIDE 22. County Mimi Do	23. State 24. Zip Code 33154
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	26. Signature of Candidate
03-21-2029	X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I,	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: X Campaign Treasurer Deputy Treasurer.	
03-21-2027 X	
	Signature of Campaign Treasurer or Deputy Treasurer