

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
03/13/2023
MR 9:09

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) <i>ISOLINA MAROÑO</i>		3. Address (include post office box or street, city, state, zip code) <i>10943 SW 6 ST SWEETWATER FL 33174</i>
4. Telephone <i>(305) 762-0896</i>	5. E-mail address <i>MARONOSOLINA8@GMAIL.COM</i>	

6. Office sought (include district, circuit, group number)
SWEETWATER COMMISSIONER GROUP #5

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
ISOLINA MAROÑO

11. Mailing Address <i>10943 SW 6 ST</i>	12. Telephone <i>(305) 762 0896</i>
---	--

13. City <i>SWEETWATER</i>	14. County <i>MIAMI-DADE</i>	15. State <i>FL</i>	16. Zip Code <i>33174</i>	17. E-mail address <i>MARONOSOLINA8@GMAIL.COM</i>
-------------------------------	---------------------------------	------------------------	------------------------------	--

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

19. Name of Bank <i>INTER AMERICAN BANK</i>	20. Address <i>9190 CORAL WAY</i>
--	--------------------------------------

21. City <i>MIAMI</i>	22. County <i>MIAMI-DADE</i>	23. State <i>FL</i>	24. Zip Code <i>33165</i>
--------------------------	---------------------------------	------------------------	------------------------------

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 <i>03-13-2023</i>	26. Signature of Candidate <i>X Isolina Marono</i>
-------------------------------	---

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

I, *ISOLINA MAROÑO*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

03-13-2023 *X Isolina Marono*
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED
03/13/2023

[Handwritten initials]

MR 9:10

MR 9:09

MR 9:09

I, ISOLINA MAROÑO

candidate for the office of COMMISSIONER CITY of Sweetwater
GROUP # 5
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

Isolina Maroño
Signature of Candidate

03-13-2023
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).