

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

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

(PLEASE PRINT OR TYPE)

06-19-14A98:07 RCVD

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)

MICHAEL JOSEPH DE MIRANDA

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

8973 SW 49 ST

4. Telephone

(954) 252-8815

5. E-mail address

CGCOP23@AOL.COM

COOPER CITY, FL 33328

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

DISTRICT 1 CITY COMMISSIONER

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

MICHAEL JOSEPH DE MIRANDA

11. Mailing Address

8973 SW 49 ST

12. Telephone

(954) 605-5584

13. City

COOPER CITY

14. County

BROWARD

15. State

FL

16. Zip Code

33328

17. E-mail address

CGCOP23@AOL.COM

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

19. Name of Bank

WELLS FARGO LAKESIDE TOWN SHOPS

20. Address

5830 S. UNIVERSITY DR.

21. City

DAVIE

22. County

BROWARD

23. State

FL

24. Zip Code

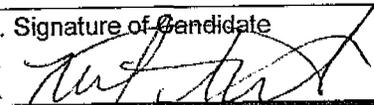
33328

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

JUNE 17, 2014

26. Signature of Candidate

X 

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

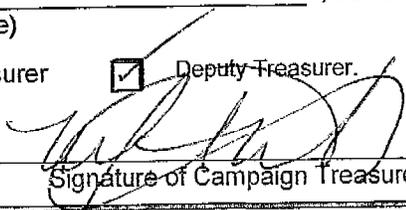
I, MICHAEL JOSEPH DE MIRANDA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

JUNE 17, 2014

Date

X


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)

06-19-14A02:09 RCVD

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)

MICHAEL JOSEPH DE MIRANDA

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

8973 SW 49 ST

4. Telephone

(954) 252-8815

5. E-mail address

CGCOR23@AOL.COM

COOPER CITY, FL 33328

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

DISTRICT 1 CITY COMMISSIONER

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

JEANETTE LYNN DE MIRANDA

11. Mailing Address

8973 SW 49 ST

12. Telephone

(954) 605-9340

13. City

COOPER CITY

14. County

BROWARD

15. State

FL

16. Zip Code

33328

17. E-mail address

CGANGEL29@AOL.COM

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

19. Name of Bank

WELLS FARGO, LAKESIDE TOWN SQUARE

20. Address

5830 S. UNIVERSITY DR.

21. City

DAVIE

22. County

BROWARD

23. State

FL

24. Zip Code

33328

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

JUNE 17, 2014

26. Signature of Candidate

[Handwritten Signature]

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

I, JEANETTE LYNN DE MIRANDA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

JUNE 17, 2014
Date

[Handwritten Signature]
Signature of Campaign Treasurer or Deputy Treasurer