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**CANDIDATE QUALIFYING REQUIREMENTS
QUALIFYING PERIOD
Noon, July 26, 2016 to Noon, August 12, 2016
NOVEMBER 8, 2016 ELECTION**

CANDIDATE:

CHUCK BARRANTINE

POSITION:

COUNCIL MEMBER SEAT #2


08-11-16P02:46 RCVD 

PICKED UP PACKAGE:

08-11-16P02:31 RCVD 

COMPLETED PACKAGE: _____

Qualifying Checklist:

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X

Provided proof of Voter's Registration (for file)

X

Affidavit of Candidacy and Residency, Notarized AND Driver's License (for file)

08-11-16 - X

Appointment of Campaign Treasurer and Designation of Campaign Depository Form DS-DE 9

08-11-16 - X

Statement of Candidate DS-DE 84

X

Statement of Fair Campaign Practices

X

Loyalty Oath / Oath of Candidate DS-DE 25

X

Form 1 Statement of Financial Interests

X

Qualifying Fee of \$100.00 (Paid by Campaign Acct. Check No. 13374)

X

State Election Assessment (Paid by Campaign. Acct. Check No. 13875)
One percent of annual salary (\$76.17 for Vice Mayor and Council Members – annual salary is \$7,617.36)



CANDIDATE CAMPAIGN INFORMATION RECEIPT
QUALIFYING PERIOD

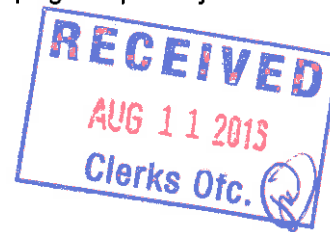
Noon, July 26, 2016 to Noon, August 12, 2016

NOVEMBER 8, 2016 GENERAL ELECTION

I, Chuck Bazzantini, HEREBY ACKNOWLEDGE RECEIPT OF A
CANDIDATE QUALIFYING INFORMATION PACKAGE ON THIS 11th DAY OF August, 2016.

The following items shall be filed with the Town Clerk prior to the end of the qualifying period
(August 12, 2016 at Noon) in order to qualify to be placed on the ballot for the November 8, 2016
General Election:

- X Provided proof of Voter's Registration (for file)
- X Affidavit of Candidacy and Residency, Notarized & Driver's License (for file)
- 08-11-16 - X Appointment of Campaign Treasurer and Designation of Campaign Depository
Form DS-DE 9
- 08-11-16 - X Statement of Candidate DS-DE 84
- X Voluntary Statement of Fair Campaign Practices
- X Oath of Candidate DS-DE 25
- X Form 1 Statement of Financial Interests
- X Qualifying Fee of \$100.00 (Paid by Campaign Acct. Check No. 13374)
- X State Election Assessment (Paid by Campaign. Acct. Check No. 13375)
One percent of annual salary (\$76.17 for Vice Mayor and Council Members -
annual salary is \$7,617.36)



Further important information provided to the candidate:

- Town of Cutler Bay Ordinance 15-06 – Establishing Qualifying Period for 2016 Election
- Town of Cutler Bay Ordinance 06-11 – Campaign Contributions by a Vendor
- Town of Cutler Bay Town Charter
- Town of Cutler Bay Council District Map
- Town of Cutler Bay Election Sign Regulations
- 2016 Calendar of Reporting Dates
- Candidate and Treasurer's Handbook
- Compilation of Election Laws 2015
- Miami Dade County Poll Watcher Information
- Town of Cutler Bay Precinct List
- Sunshine Guide and Code of Ethics Publication
- Financial Forms. (Summary, Expenditures, Contributions, Waiver)

Signature

Date

8/11/16

Pursuant to F.S. 99.061(7)(c), the Town Clerk, as filing officer, performs a ministerial function in reviewing qualifying papers. In determining whether a candidate is qualified, the filing officer shall review the qualifying paper to determine whether all items required have been properly filed and whether each item is complete on its face. The filing officer may not determine whether the contents of the qualifying papers are accurate. Please be advised that the information contained herein is intended as a reference guide only. The Town Clerk's Office will provide assistance to candidates; however, it is not the responsibility of this Office to interpret Florida Statutes.

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES



AN EXPLANATION REGARDING YOUR RIGHTS

Section 2-11.1.1(D)(2) of the Code of Miami-Dade County, Florida, provides that any candidate for public office in Miami-Dade County may at any time *voluntarily* declare that he or she agrees to abide by the *voluntary* Statement of Fair Campaign Practices. In agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, the candidate recognizes, as compulsory, the authority of the Miami-Dade County Commission on Ethics and Public Trust to decide whether the candidate has violated the *voluntary* Statement of Fair Campaign Practices and, if so, to impose the appropriate penalty, if any.

Before agreeing to abide by the *voluntary* Statement of Fair Campaign Practices, you should carefully read the *voluntary* Statement of Fair Campaign Practices included with this DECLARATION AND FIRST AMENDMENT WAIVER as well as the following information regarding your rights.

The Statement of Fair Campaign Practices is *voluntary*. You are under no obligation to agree to the *voluntary* Statement of Fair Campaign Practices. If you decide not to agree to the *voluntary* Statement of Fair Campaign Practices, you may still run for elective office in Miami-Dade County if you are qualified. There is NO PENALTY if you decide not to sign the *voluntary* Statement of Fair Campaign Practices.

If you decide to agree to the *voluntary* Statement of Fair Campaign Practices, you should know that you will be WAIVING YOUR FIRST AMENDMENT RIGHTS TO FREE SPEECH because certain speech prohibited by the *voluntary* Statement of Campaign Practices is protected by the First Amendment to the U.S. Constitution and Article I, Section 4, of the Florida Constitution. Prior to agreeing to comply with the *voluntary* Statement of Fair Campaign Practices, you should consider consulting an attorney to ensure that you understand the consequences of signing the DECLARATION AND FIRST AMENDMENT WAIVER.

Before signing this DECLARATION AND FIRST AMENDMENT WAIVER, you have the right to request and receive from the Ethics Commission an advisory opinion as to whether your planned campaign activities (e.g., campaign advertisement or statements) are likely to violate the *voluntary* Statement of Fair Campaign Practices. In the event that you sign the DECLARATION AND FIRST AMENDMENT WAIVER, you will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that you may be considering.

A determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER shall not be construed by Miami-Dade County or the Ethics Commission to mean that the candidate is unethical in any way. Further, a determination by a candidate not to execute the DECLARATION AND FIRST AMENDMENT WAIVER should not be construed by any candidate or any other person or entity to mean that the candidate is unethical in any way.

INSTRUCTIONS

The DECLARATION AND FIRST AMENDMENT WAIVER, which includes the *voluntary* Statement of Fair Campaign Practices, can be found on page 2 of this form. If you are a candidate for county office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign the DECLARATION AND FIRST AMENDMENT WAIVER and file with the Miami-Dade Commission on Ethics and the Miami-Dade Elections Department. If you are a candidate for municipal office and agree to abide by the *voluntary* Statement of Fair Campaign Practices, please sign and file with the Miami-Dade Commission on Ethics and your respective municipal clerk. For further information, contact the Miami-Dade Office of Governmental Affairs at 305 499-8410.

Miami-Dade Commission on Ethics
19 W. Flagler St., Suite 820
Miami, FL 33130

Miami-Dade Elections Department
2700 NW 87th Ave. or P.O. Box 521550
Doral, FL 33172 Miami, FL 33152-1550



DECLARATION AND FIRST AMENDMENT WAIVER FOR CANDIDATES WHO AGREE TO COMPLY WITH THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

- 1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

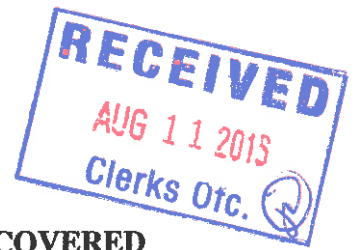
BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES, SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND WAIVE MY FIRST AMENDMENT RIGHTS.

I, Chuck Bazzentine, a candidate for the office of Town Council Seat #2 in Cutler Bay, county, municipality, or other jurisdiction

agree to abide by the voluntary Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the voluntary Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the voluntary Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is voluntary, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the voluntary nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the voluntary Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

* [Signature] Signature

[Date] Date



DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED
by the **Mandatory Provisions** of the
Miami-Dade Ethical Campaign Practices Ordinance
Miami-Dade County Code at 2-11.1.1(C) (1)

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (b) With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, Chuck Barrentine, a candidate for the office of
please print your name
Town Council Seat #2 in Cutler Bay
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

* 8/17/10
 Signature Date

CANDIDATE OATH –
NONPARTISAN OFFICE

(Not for use by Judicial or
School Board Candidates)

08-11-16P02:40 RCVD



OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Chuck Barrentine
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Town Council, _____,
(office) (district #)
2; I am a qualified elector of Miami-Dade County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X [Signature] (305) 910-8510 wcbarrentine@aol.com
Signature of Candidate Telephone Number Email Address

19502 SW 817th Place Cutler Bay FL 33157
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109751784

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

CHUCK BARR-EN-TINE

STATE OF FLORIDA

COUNTY OF Miami-Dade

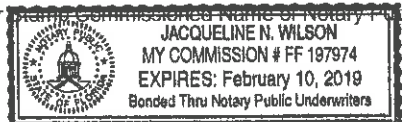
Sworn to (or affirmed) and subscribed before me this 11th day of August, 20 16.

Personally Known: _____ or

Produced Identification: X

Type of Identification Produced: Drivers License

Jacqueline N Wilson
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Barrentine, Chuck

MAILING ADDRESS:

19502 SW 87th Place

CITY:

Cutler Bay

ZIP:

33157

COUNTY:

Miami-Dade

NAME OF AGENCY:

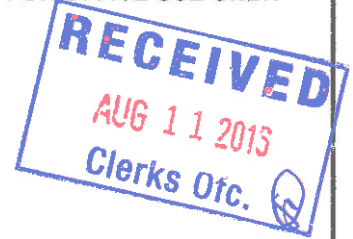
NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Town Council Seat #2

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:



08-11-16P02:39 RCVD

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR. WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS. OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Seas Holding Company	14091 SW 88th St Miami, FL 33180	Retail Sales

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

N/A

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE <i>N/A</i>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
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PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR <i>N/A</i>	ADDRESS OF CREDITOR
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PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")


	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	<i>N/A</i>	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature: 

Date Signed: *8/11/16*

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

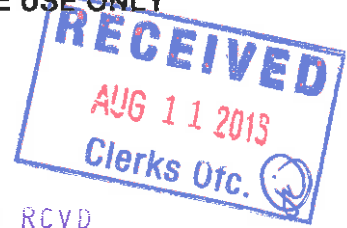
<p>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p>NOTE: MULTIPLE FILING UNNECESSARY: A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p>Facsimiles will not be accepted.</p>	<p>WHERE TO FILE:</p> <p>If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.</p> <p>Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)</p> <p>State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p>WHEN TO FILE:</p> <p>Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.</p>
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**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



08-11-16P02:39 RCVD

I, Chuck Barrentine,
candidate for the office of Town Council Seat #2 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

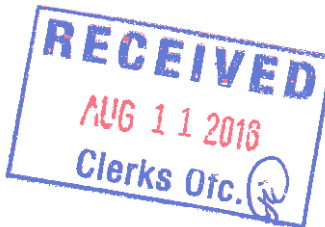


Signature of Candidate

8/11/16

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).



08-11-16P02:37 RCVD

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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)

Chuck Barentine

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

19502 SW 87th Place
Cutler Bay, FL 33157

4. Telephone

(305) 910-8510

5. E-mail address

ucBarentine@aol.com

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

Town Council Seat #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

Jodie Barentine

11. Mailing Address

19502 SW 87th Place

12. Telephone

(305) 360-0774

13. City

Cutler Bay

14. County

Miami-Dade

15. State

FL

16. Zip Code

33157

17. E-mail address

JD Barentine@aol.com

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

19. Name of Bank

Sunstate

20. Address

20351 Old Cutler Road

21. City

Cutler Bay

22. County

Miami-Dade

23. State

FL

24. Zip Code

33157

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

8/11/16

26. Signature of Candidate

X

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

I, Jodie D Barentine, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

8/11/16
Date

X 8/11/16
Signature of Campaign Treasurer or Deputy Treasurer