STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

11-09-15 16:10 RCVD SAN

candidate for the office of <u>Commissioner</u>;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Mareira State

Signature of Candidate

Signature of Candidate

Signature State

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 - Act DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

11-09-15 16:10 RCVD SWN.

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 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 9156 Collins Au #104 (lareni Starre Sorfside, fl 33154 4. Telephone (305) 562-7630 marenia att. no 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. ommissioner 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 Deputy Treasurer Campaign Treasurer 10. Name of Treasurer or Deputy Treasurer arre areni 11. Mailing Address 12. Telephone (305) 562-7630 9156 (15. State 16. Zip Code 17. E-mail address 13. City 14. County marenin Secondary Depository 18. I have designated the following bank as my Primary Depository 19. Name of Bank 20. Address 9600 24. Zip Code 21. City 22. County 23. State 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 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. α rγ e ____ , do hereby accept the appointment areni (Please Print or Type Name) Campaign Treasurer designated above as: Deputy Treasurer. 2015 X Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE
MUNICIPAL BUILDING

9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

OATH OF WITHDRAWAL

Date: $11 - 24 - 2015$
I, Naveni Starre, have filed as a candidate for
the office of <u>Commissioner</u> .
I wish to withdraw my name as a candidate for this office and I will not accept the office
for which I filed qualification papers. Starre
Signature of Candidate 9156 Collins Ave #164
Address Surfside 7/ 33154
State Zip Sworn to and subscribed before me this 24 day of NOV, 2015
Signature of Officer Administering the Oath or Notary Public
Print, Type or Stamp Commissioned Name of Notary Public
Personally Known or Produced Identification
Type of Identification Produced SANDRA NOVOA MY COMMISSION # FF 187423 EXPIRES: May 4, 2019 Bonded Thru Notary Public Underwriters

Candidate Withdrawal Policy

The deadline for any candidate to withdraw is the end of qualifying. No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the end of their qualifying period.

(Reference: Florida Statutes 99.092)

Movember 24, 2015

2, Mareni Starre, Lave
Decided not to run for
the Commissioner position
al this time.

Succeedy,

Mareni Starre