

RECEIVED

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY: 01

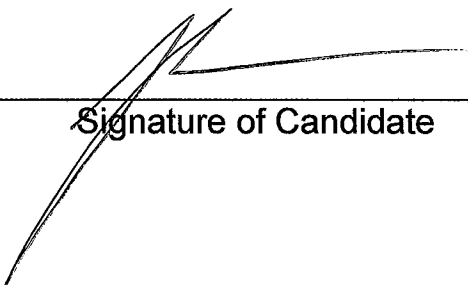
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

I, MIGUEL ANGEL GABELA,

candidate for the office of CITY OF MIAMI COMMISSIONER, DISTRICT 1 ;

have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X



Signature of Candidate

06/20/2011

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).

RECEIVED  
11 JUN 27 PM 4:02  
PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

11 JUN 27 PM 4:01

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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)  
 MIGUEL ANGEL GABELA

3. Address (include post office box or street, city, state, zip code)  
 1701 NW SOUTH RIVER DR.  
 MIAMI, FL 33125

4. Telephone (786 ) 619-6966      5. E-mail address gabela4commissioner@gmail.com

6. Office sought (include district, circuit, group number)  
 CITY OF MIAMI COMMISSIONER, DISTRICT 1

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  
 JOSE R. SANCHEZ-GRONLIER

11. Mailing Address 1701 NW SOUTH RIVER DR.      12. Telephone ( 305 ) 282-9817

13. City MIAMI      14. County MIAMI-DADE      15. State FL      16. Zip Code 33125      17. E-mail address josesanchezgronlier@gmail.com

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

19. Name of Bank CHASE      20. Address 1400 NW 17 AVE.

21. City MIAMI      22. County MIAMI-DADE      23. State FL      24. Zip Code 33125

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 06/20/2011      26. Signature of Candidate X

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
 I, JOSE R. SANCHEZ-GRONLIER, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.  
06/20/2011      X  
 Date      Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

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MIGUEL ANGEL GABELA

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

1701 NW SOUTH RIVER DR.  
MIAMI, FL 33125

4. Telephone

(786 ) 619-6966

5. E-mail address

gabela4commissioner@gmail.com

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

CITY OF MIAMI COMMISSIONER, DISTRICT 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

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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

MARIELA GABELA

11. Mailing Address

1701 NW SOUTH RIVER DR.

12. Telephone

( 786 ) 619-6966

13. City

MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33125

17. E-mail address

gabela4commissioner@gmail.com

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

19. Name of Bank

CHASE

20. Address

1400 NW 17 AVE.

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FL

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33125

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25. Date

06/20/2011

26. Signature of Candidate

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

I, MARIELA GABELA, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

06/20/2011

Date

Mariela Gabela  
Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

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

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4. Telephone

(786 ) 619-6966

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gabela4commissioner@gmail.com

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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

MIGUEL A. GABELA

11. Mailing Address

1701 NW SOUTH RIVER DR.

12. Telephone

( 786 ) 619-6966

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25. Date

06/20/2011

26. Signature of Candidate

X

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

I, MIGUEL A. GABELA, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

06/20/2011

Date

X

Signature of Campaign Treasurer or Deputy Treasurer