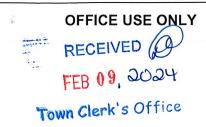
STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)



I, JOHN STEVEN GARATE

candidate for the office of COUNCIL MEMBER DISTRICT 3 SOUTHWEST RANCHES FL have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

Signature of Candidate

02-09-2024 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).

X

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 filing officer before



opening the campaign account.		o de la colonia	S. C.	,	OFFICE USE ONLY			
1. CHECK APPROPRIATE BOX(ES):								
■ Initial Filing of Form □ Re	•	Deputy Depository Office Party						
2. Name of Candidate (in this order: First, Middle, Last):			3. Address (include PO Box or Street, City, State, Zip Code): 5901 S.W. 162ND AVENUE					
(Please Print or Type Name) JOHN STEVEN GARATE			SOUTHWEST RANCHES FL 33331					
,								
4. Telephone:	Telephone: 5. Candidate's Voter Registra			tion #: 6. Email Address:				
(786) 346-1687	(not required for qualif	ying purposes	AUTOSTARCREDITCORP@GMAIL.COM					
7. Office Sought (include district, circuit, group, or seat #):				8. If a candidate for a <u>nonpartisan</u> office, check the box				
TOWN OF SOUTHWEST RANCHES DISTRICT 3 COUNCIL MEMBER			if applicable: ☐ I intend to run as a Write-In Candidate.					
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a								
☐ Write-In Candidate. ■ No Party Affiliation Candidate. ☐Party candidate.								
10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer								
11. Name of Treasurer or Deputy Treasurer:			12. Telephone:			13. Email Address:		
JOHN STEVEN GARATE			(786) 346-1687 AUTOSTARCREDITCORP@GMAIL.COM					
14. Mailing Address: 15.				,	16. St	tate:	17. Zip Code:	
		SOUTHWEST RANCHES F		FL		33331		
18. I have designated the following bank as my (check appropriate box): 🔳 Primary Depository 🗌 Secondary Depository								
19. Name of Bank:			20. Address:					
CHASE BANK			4501 WESTON ROAD					
		22. County:			23. State:		24. Zip Code:	
WESTON		BROWARD			FLORIDA		33331	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.								
02-09-2024			26. Signature of Candidate:					
25. Date:			X					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
					ne appo	intment desig	nated above as:	
(Please Print or Type Name)								
■ Campaign Treasurer. ■ Deputy Treasurer.								
02-09-2024 28. Date:			29. Signature of Campaign Treasurer or Deputy Treasurer					
			X					
DS-DE 9 (Rev. 09/23)			-			R	ule 1S-2.0001, F.A.C.	