STATEMENT OF CANDIDATE
(Section 106.023, F.S.)
(Please Type)

I, Katiusquie Pierre, candidate for the office of Councilwoman in North Miami, District 3, have received, read and understand the requirements of Chapter 106, Florida Statutes.

X ____________________________ 10/11/12
Katiusquie Pierre
Signature of Candidate          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. Wilful 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
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.

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)
   Katiusquie Pierre

3. Address (include post office box or street, city, state, zip code)
   14140 NE 8th Ave, North Miami, FL 33161

4. Telephone
   (786) 728-3640

5. E-mail address
   katiesharing@yahoo.com

6. Office sought (include district, circuit, group number)
   Councilwoman in North Miami, District 3

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:
   □ Write-In  □ No Party Affiliation  □ _____________________________ Party candidate.

9. I have appointed the following person to act as my  □ Campaign Treasurer  □ Deputy Treasurer
   Gabriel Demosthene

10. Name of Treasurer or Deputy Treasurer
    Gabriel Demosthene

11. Mailing Address
    13987 SW 280th Terrace

12. Telephone
    (786) 315-8713

13. City
    Homestead

14. County
    Miami-Dade

15. State
    FL

16. Zip Code
    33033

17. E-mail address
    gabrieldemosthene@yahoo.com

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

19. Name of Bank
    Chase Bank

20. Address
    900 NE 125th Street

21. City
    North Miami

22. County
    Miami-Dade

23. State
    FL

24. Zip Code
    33161

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
    10/11/12

26. Signature of Candidate
    [Signature]

27. Treasurer’s Acceptance of Appointment (fill in the blanks and check the appropriate block)
    Gabriel Demosthene, do hereby accept the appointment
    (Please Print or Type Name)
    designated above as:  □ Campaign Treasurer  □ Deputy Treasurer.

    [Signature]
    [Date]

DS-DE 9 (Rev. 10/10)
Rule 1S-2.0001, F.A.C.
**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.

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**1. CHECK APPROPRIATE BOX(ES):**
- Initial Filing of Form
- Re-filing to Change:  [ ] Treasurer/Deputy  [ ] Depository  [ ] Office  [ ] Party

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

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**3. Address** (include post office box or street, city, state, zip code)
14140 NE 8th Ave, North Miami, FL 33161

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**4. Telephone**
(786) 728-3640

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**5. E-mail address**
katiesharing@yahoo.com

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**6. Office sought (include district, circuit, group number)**
Councilwoman in North Miami, District 3

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**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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**8. If a candidate for a partisan office, check block and fill in name of party as applicable:**
- [ ] Write-In  [ ] No Party Affiliation  [ ] ____________ Party  candidate.

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**9. I have appointed the following person to act as my**
- [ ] Campaign Treasurer  [x] Deputy Treasurer

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**10. Name of Treasurer or Deputy Treasurer**
Katuskie Pierre

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**11. Mailing Address**
14140 NE 8th Avenue

---

**12. Telephone**
(786) 728-3640

---

**13. City**
North Miami

---

**14. County**
Miami-Dade

---

**15. State**
FL

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**16. Zip Code**
33161

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**17. E-mail address**
katiesharing@yahoo.com

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**18. I have designated the following bank as my**
- [ ] Primary Depository  [ ] Secondary Depository

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**19. Name of Bank**
Chase Bank

---

**20. Address**
900 NE 125th Street

---

**21. City**
N. Miami

---

**22. County**
Miami-Dade

---

**23. State**
FL

---

**24. Zip Code**
33161

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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.

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**25. Date**
10/11/12

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**26. Signature of Candidate**
Katuskie Pierre

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

I, ___________________________ , do hereby accept the appointment
designated above as:
- [ ] Campaign Treasurer  [x] Deputy Treasurer.

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**Date**
10/11/12

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Signature of Campaign Treasurer or Deputy Treasurer

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DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.