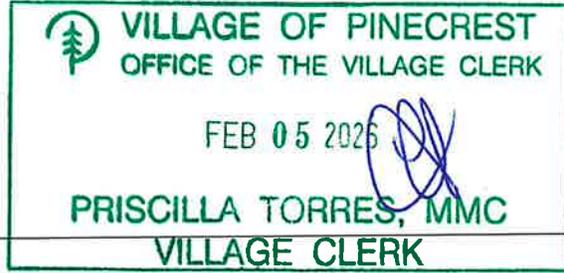


**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)  
(Please print or type)

OFFICE USE ONLY



I, Raphael Sanchez ,  
candidate for the office of Council Member Seat 4 ;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

Signature of Candidate

2.5.2026

Date

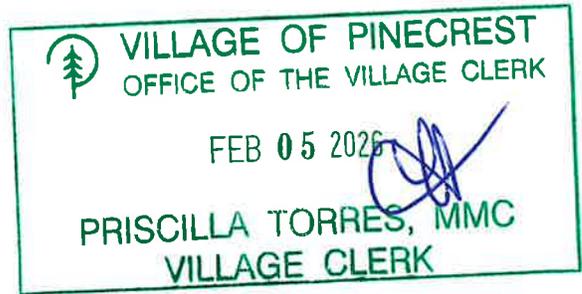
Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result 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  
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.



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):  
(Please Print or Type Name)

Raphael A. Sanchez

**3. Address** (include PO Box or Street, City, State, Zip Code):

8360 SW 135 Street  
Pinecrest, FL 33156

**4. Telephone:**

(706) 271 0292

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

RSanchez @ Ralph Sanchez Law. com

**7. Office Sought** (include district, circuit, group, or seat #):

Council Member

**8. If a candidate for a nonpartisan office, check the box 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:**

Jacqueline Cundins

**12. Telephone:**

(305) 401 3445

**13. Email Address:**

jackuecundins@gmail.com

**14. Mailing Address:**

8365 SW 135 St

**15. City:**

Pinecrest

**16. State:**

FL

**17. Zip Code:**

33156

**18. I have designated the following bank as my** (check appropriate box):     Primary Depository     Secondary Depository

**19. Name of Bank:**

City National

**20. Address:**

11675 S. Dixie Hwy

**21. City:**

Pinecrest

**22. County:**

Miami Dade

**23. State:**

FL

**24. Zip Code:**

33156

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.

**25. Date:**

2.5.2026

**26. Signature of Candidate:**

X

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

I, Jacqueline Cundins do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

2/5/2026

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X



FEB 05 2026

PRISCILLA TORRES, MMC  
VILLAGE CLERK

### 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.

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):  
(Please Print or Type Name)

Raphael A. Sanchez

3. Address (include PO Box or Street, City, State, Zip Code):

8366 SW 135 Street  
Pinecrest, FL 33156

4. Telephone:

(786) 271-0292

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

RSanchez@RalphSanchezLaw.com

7. Office Sought (include district, circuit, group, or seat #):

Council Member

8. If a candidate for a nonpartisan office, check the box 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:

Raphael Sanchez

12. Telephone:

(786) 271-0292

13. Email Address:

RSanchez@RalphSanchezLaw.com

14. Mailing Address:

8366 SW 135 Street

15. City:

MIA

16. State:

FL

17. Zip Code:

33156

18. I have designated the following bank as my (check appropriate box):  Primary Depository     Secondary Depository

19. Name of Bank:

City National

20. Address:

11675 S. Dixie Hwy.

21. City:

MIA

22. County:

DADE

23. State:

FL

24. Zip Code:

33156

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.

25. Date:

2.5.2026

26. Signature of Candidate:

X

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

I, Raphael Sanchez  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

2/5/2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X