

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2024 JAN 10 AM 9:28

NOTE: This form must be on file with the filing officer before opening the campaign account.

MIAMI-DADE COUNTY OFFICE USE ONLY
ELECTIONS DEPARTMENT

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)

KRISTY M. NUNEZ

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

PO BOX 260863
MIAMI, FL 33126

4. Telephone:

(305)699-2212

5. Candidate's Voter Registration #:

109876940

(not required for qualifying purposes)

6. Email Address:

judgekristynunez2024@gmail.com

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

MIAMI-DADE COUNTY COURT JUDGE GROUP 2

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:

JOSE A. RIESCO, CPA

12. Telephone:

(305)445-0777

13. Email Address:

jose@riescoandcompany.com

14. Mailing Address:

2600 S DOUGLAS ROAD, SUITE 900

15. City:

CORAL GABLES

16. State:

FL

17. Zip Code:

33134

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

19. Name of Bank:

CITY NATIONAL BANK

20. Address:

2855 S LEJEUNE ROAD

21. City:

CORAL GABLES

22. County:

MIAMI DADE

23. State:

FL

24. Zip Code:

33134

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:

1/3/24

26. Signature of Candidate:

X 

27.

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

I, JOSE A. RIESCO

(Please Print or Type Name)

do hereby accept the appointment designated above as:

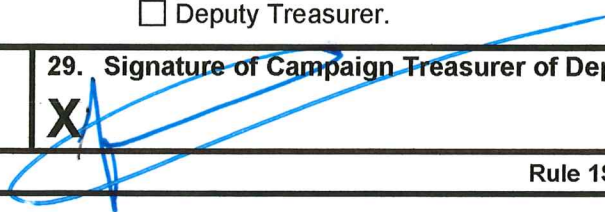
Campaign Treasurer.

Deputy Treasurer.

28. Date:

1/3/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2024 JAN 10 AM 9:28

MIAMI-DADE COUNTY OFFICE USE ONLY
ELECTIONS DEPARTMENT

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

KRISTY M. NUNEZ

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

PO BOX 260863
MIAMI, FL 33126

4. Telephone:

(305)699-2212

5. Candidate's Voter Registration #:

109876940

(not required for qualifying purposes)

6. Email Address:

judgekristynunez2024@gmail.com

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

MIAMI-DADE COUNTY COURT JUDGE GROUP 2

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:

JEANNINE R. MIRANDA

12. Telephone:

(305)445-0777

13. Email Address:

jose@riescoandcompany.com

14. Mailing Address:

2600 S DOUGLAS ROAD, SUITE 900

15. City:

CORAL GABLES

16. State:

FL

17. Zip Code:

33134

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

19. Name of Bank:

CITY NATIONAL BANK

20. Address:

2855 S LEJEUNE ROAD

21. City:

CORAL GABLES

22. County:

MIAMI DADE

23. State:

FL

24. Zip Code:

33134

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:

1/3/24

26. Signature of Candidate:

X 

27.

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

I, JEANNINE R. MIRANDA

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

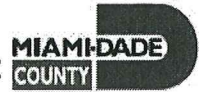
28. Date:

1/3/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

**Campaign Treasurer's Report
Miami-Dade County Electronic Filing Requirement**



Candidate (office sought): MIAMI-DADE COUNTY COURT JUDGE, GROUP 2

Candidate's Florida Voter Registration Number: 109876940

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, KRISTY NUNEZ

(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, and Community Council must now file the Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.


Signature of Candidate or Chairperson

1/3/24
Date

Day Time Telephone Number: 305-445-0777

Alternate Contact Number: 305-699-2212

Email Address: JUDGEKRISTYNUNEZ2024@GMAIL.COM

RECEIVED
2024 JAN 10 AM 9:28
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.