#### 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.

RECEIVED

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| officer before opening the  | e campa  | ign account.                          |   |   |                     |   |         | OFFIC              | E USE ONLY   |
|---|----------|---------------------------------------|---|---|---------------------|---|---------|--------------------|--------------|
| 1. CHECK APPROPRIATE  | BOX(ES   | 5):                                   | o   |   |                     |   | it      |                    |              |
|   | Re       | -filing to Change:                    | Tre                                       | easurer/  | Deputy [            | Depository                              |         | Office             | Party        |
| 2. Name of Candidate (in this order: First, Middle, Last)   |          |                                       |   | 3. Address (include post office box or street, city, state, zip |                     |   |         |                    |              |
| RICHARD PRASCHNIK   |          |                                       | code)                                     |   |                     |   |         |                    |              |
| 4. Telephone  | 5. E-ma  | il address                            | 8724 SUNSET DRIVE #146<br>MIAMI, FL 33173 |   |                     |   |         |                    |              |
| (305)939-6058   | richra   | d001@gmail.com                        |   |   |                     |   |         |                    |              |
| 6. Office sought (include district, circuit, group number)  7. If a candidate for a nonpartisan office, check if              |          |                                       |   |   |                     |   |         | e, check if        |              |
| MIAMI-DADE COUNTY COMMISSIONER, DISTRICT #7 applicable:   |          |                                       |   |   |                     |   |         | lm namalialata     |              |
| My intent is to run as a Write-In candidate.  |          |                                       |   |   |                     |   |         |                    |              |
| 8. If a candidate for a <u>partisan</u> 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.  |          |                                       |   |   |                     |   |         | ndidate.           |              |
| 9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer                                 |          |                                       |   |   |                     |   |         |                    |              |
| 10. Name of Treasurer or Deputy Treasurer ANTHONY FIORE, CPA  |          |                                       |   |   |                     |   |         |                    |              |
| 11. Mailing Address   |          |                                       |   |   |                     |   | 12. Te  | elephone           | 4 9          |
| 2100 SALZEDO STREET, SUITE 200  |          |                                       |   |   | 8                   |   | (30     | 5)438              | 3-6528       |
| 13. City<br>CORAL GABLES  | -        | 14. County 15. Stat                   |   |   | 6. Zip Code<br>3134 | 17. E-mail address ANTHONY@FIORECPA.COM |         |                    | PA.COM       |
| 18. I have designated the following bank as my  |          |                                       |   |   |                     |   |         |                    |              |
| 19. Name of Bank  |          |                                       |   | 20. Add   |                     |   | _       |                    |              |
| CITY NATIONAL BANK  |          |                                       | 1   | 8311 BIRD ROAD  |                     |   |         |                    |              |
| 21. City<br>MIAMI   |          | 22. County<br>MIAMI-DAD               | _   |   | 23. State           |   |         | 24. Zip (<br>33155 |              |
|   |          |                                       |   |   |                     |   |         |                    |              |
| UNDER PENALTIES OF PERJU<br>DES   |          | LARE THAT I HAVE I<br>OF CAMPAIGN DEP |   |   |                     |   |         |                    | REASURER AND |
| 25. Date  | 7        |                                       |   | 26. Sig   | nature of Car       | . //                                    | 7       |                    |              |
| 1/10/2  | 5        |                                       |   | X   | M                   | My                                      |         |                    |              |
| 27. Treasur   | er's Acc | eptance of Appo                       | intment                                   | (fill in th   | ne blanks and       | check the app                           | oropria | te block)          | 9            |
| I, ANTHONY FIORE, CPA , do hereby accept the appointment  |          |                                       |   |   |                     |   |         |                    |              |
|   | (Plea    | se Print or Type N                    | lame)                                     |   |                     |   | ,       |                    |              |
| designated above as:  | ×        | Campaign Tre                          | asurer.                                   |   | Deputy T            | reasurer.                               |         |                    |              |
| 7/10/2  | 3        |                                       | X   |   |                     |   |         |                    |              |
| Dat   | е        |                                       |   | Signatu   | re of Campai        | gh Treasurer o                          | or Depu | uty Treasu         | ırer         |

## STATEMENT OF CANDIDATE

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

| OFFICE USE ONLY RECEIVED |         |  |  |  |  |
|--------------------------|---------|--|--|--|--|
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| ELECTIONS                |         |  |  |  |  |

### I, RICHARD PRASCHNIK

candidate for the office of MIAMI-DADE COUNTY COMMISSIONER, DISTRICT #7; have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

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. 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).



# Access to Handbook and the Election Laws of the State of Florida 323 JUL 10 PM 3: 21

|   |   | ELECTIONS DEPARTMENT   |
|---|---|--|
| Candidate/Chairperson:  |   |  |
| RICHARD   |   | PRASCHNIK  |
| First Name  | Middle Name   | Last Name  |
| MIAMI-DADE COUN   | TY COMMISSIO  | NER DISTRICT #7  |
| (   | Office Sought / Organization  |  |
| I acknowledge that it is my<br>requirements described in th<br>County Elections Department W  | e following resources   |  |
|   | v/global/elections/candidate<br>te Laws and Handbooks, the<br>andbooks, Qualifying Inform | e Election Laws of the State of nation, Electronic Reporting Dates |
| Political Committee Handbo (https://www.miamidade.gov. Contains information on State Florida, County Laws and Hallmportant Committee Inform | /global/elections/political-co<br>te Laws and Handbooks, th<br>andbooks, Electronic Repor | e Election Laws of the State of ting Dates and Procedures,         |
| Acknowledged by:/   | Candidate / Chairpersor   | n Signature  |
| Primary Telephone Number:   | 305-939-6058  |  |
| Alternate Telephone Number:   | 305-438-6528  |  |
| E-mail address: richrad0  | 01@gmail.com  |  |

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



| Candidate (office sought): MIAMI-DADE COUNTY COMMISSIONER DISTRICT #7  |  |
|--|--|
| Candidate's Florida Voter Registration Number: 127813 570  |  |
| Political Committee:   |  |
| Party Executive Committee:   | 202]   |
| Other:   |  |
| I, RICHARD PRASCHNIK   | = C  |
| (Please print name of Candidate or Chairperson) understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the Super Elections website by midnight of the day designated in order to comply with Miami-Dade requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade regarding the filing of the campaign finance reports with the Supervisor of Elections were amended in that original signed hardcopies are no longer required.   | County<br>County   |
| I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Florida, Campaiger, Clerk of the Circuit Courts, and Community Council must now file the Vote Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in mail ballot activities, if applicable.   | Property<br>by Mail                                      |
| Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit and Community Council must now file the Reporting of Solicitation of Contributions for Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Committees, Electioneering Communications Organizations, Political Parties, and/or organizations, if applicable. | for the<br>Courts,<br>Political<br>Political<br>Politica |
| Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that car for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) every reporting period if contributions are received from a corporation incorporated under the the State of Florida or any other state or any foreign country of any partnership or any other entity other than a natural person, if applicable.  | form for   |
| Signature of Candidate or Chairperson Date   | _  |
| Day Time Telephone Number: 305-939-6058  | _  |
| Alternate Contact Number: 305-438-6528   | _  |
| Email Address: richrad001@gmail.com  | _  |

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.