

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

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

(PLEASE PRINT OR TYPE)

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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)

John J. Rivera, Jr

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

[REDACTED]

4. Telephone:

[REDACTED]

5. Candidate's Voter Registration #:

101454277

(not required for qualifying purposes)

6. Email Address:

sheriffjohnrivera1@gmail.com

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

Sheriff Miami Dade County

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. Republican Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Carlos M Trueba

12. Telephone:

(305)529-5440

13. Email Address:

rguzman@gemrtcpa.com

14. Mailing Address:

2600 S Douglas Road Suite 800

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:

Truist

20. Address:

777 Brickell Ave

21. City:

Miami

22. County:

Miami Dade

23. State:

FL

24. Zip Code:

33131

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:

02-16-2024

26. Signature of Candidate:

X 

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

I, Carlos M Trueba do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

2/15/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 



Access to Handbook and the Election Laws of the State of Florida

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Candidate/Chairperson:

John

J

Rivera

First Name

Middle Name

Last Name

Sheriff, Miami-Dade County

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:



Candidate Qualifying Handbook

(<https://www.miamidade.gov/global/elections/candidate-qualifying-handbook.page>)

Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.



Political Committee Handbook

(<https://www.miamidade.gov/global/elections/political-committee-resources.page>)

Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by:

Candidate / Chairperson Signature

Date:

02-16-2024

Primary Telephone Number:



Alternate Telephone Number:

N/A

E-mail address:

sheriffjohnrivera1@gmail.com

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



Candidate (office sought): John J Rivera, Jr (Miami-Dade County Sheriff)
Candidate's Florida Voter Registration Number: 101454277

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, John J Rivera
(Please print name of Candidate or Chairperson)

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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

02-16-24

Date

Day Time Telephone Number: 

Alternate Contact Number: N/A

Email Address: sheriffjohnrivera1@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.