

**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.

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2024 JAN -8 PM 12:49

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)

JOE SANCHEZ

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

2600 SOUTH DOUGLAS ROAD, SUITE #900
CORAL GABLES, FL 33134

4. Telephone:

(305)445-0777

5. Candidate's Voter Registration #:

109389538

(not required for qualifying purposes)

6. Email Address:

joesanchezforsheriff@gmail.com

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

MIAMI-DADE COUNTY SHERIFF

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:

JEANNINE R. MIRANDA

12. Telephone:

(305)445-0777

13. Email Address:

jen@riescoandcompany.com

14. Mailing Address:

2600 SOUTH 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:

8311 BIRD ROAD

21. City:

MIAMI

22. County:

MIAMI-DADE

23. State:

FL

24. Zip Code:

33155

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:

01-08-2024

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:

1/8/24

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)

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

RECEIVED

2024 JAN -8 PM 12:51

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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)

JOE SANCHEZ

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

2600 SOUTH DOUGLAS ROAD, SUITE #900
CORAL GABLES, FL 33134

4. Telephone:

(305)445-0777

5. Candidate's Voter Registration #:

109389538

(not required for qualifying purposes)

6. Email Address:

joesanchezforsheriff@gmail.com

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

MIAMI-DADE COUNTY SHERIFF

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:

JOSE A. RIESCO, CPA

12. Telephone:

(305)445-0777

13. Email Address:

jose@riescoandcompany.com

14. Mailing Address:

2600 SOUTH 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:

8311 BIRD ROAD

21. City:

MIAMI

22. County:

MIAMI-DADE

23. State:

FL

24. Zip Code:

33155

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:

1-8-2024

26. Signature of Candidate:

X



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

I, JOSE A. RIESCO, CPA do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1/2/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X



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OFFICE USE ONLY
2024 JAN -8 PM 12:31

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

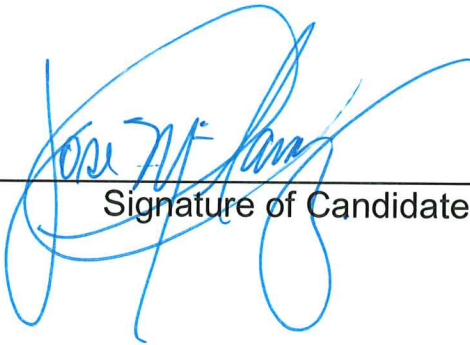
STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, JOE SANCHEZ ,
candidate for the office of MIAMI-DADE COUNTY SHERIFF ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

1/8/2024
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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

JOE

SANCHEZ

First Name

Middle Name

Last Name

MIAMI-DADE COUNTY SHERIFF

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: _____

1-8-2024

Primary Telephone Number: _____

305-445-0777

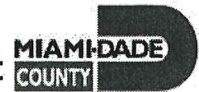
Alternate Telephone Number: _____

N/A

E-mail address: _____

joesanchezforsheriff@gmail.com

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



Candidate (office sought): MIAMI-DADE COUNTY SHERIFF
Candidate's Florida Voter Registration Number: 109389538
 Political Committee: _____
 Party Executive Committee: _____
 Other: _____
I, JOE SANCHEZ
(Please print name of Candidate or Chairperson)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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
1-8-2024 _____
Date

Day Time Telephone Number: 305-445-0777

Alternate Contact Number: N/A

Email Address: joesanchezforsheriff@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.