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

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ELECTIONS DEFINATION OFFICE USE ONLY

opening the campaign account.				OTTICE 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, Las	3. Address (include PO Box or Street, City, State, Zip Code):					
(Please Print or Type Name)		2600 S DOUGLAS ROAD, SUITE 900				
ALINA GARCIA		CORAL GABLE	S, FL 33134			
4. Telephone: 5. Candidate's Voter	Dogiatua	tion #: 6. Email A	ddynaai			
109119751	Registra	Approved Approved Control of the Con				
(305) 445-0777 TOST (not required for qualif	ying purpos	_{es)} ∣alinag	arcia@be	llsouth.net		
7. Office Sought (include district, circuit, group, or seat	#):		ate for a <u>nonpartis</u> a	n office, check the box		
MIAMI DADE COUNTY SUPERVISOR OF EL	ECTIOI	VS ☐ Lintend to r	un as a Write-In Car	ndidate		
9. If a candidate for <u>partisan</u> office, check the box ar	nd fill in t					
			.,			
☐ Write-In Candidate. ☐ No Party Affiliation Candid	date.	REPUBLICAN		Party candidate.		
10. I have appointed the following person to act as	my:	Campaign Treasu	rer Dep	uty Treasurer		
11. Name of Treasurer or Deputy Treasurer:		12. Telephone:	13. Ema	il Address:		
JEANNINE R. MIRANDA		(305)445-077	jen@ries	scoandcompany.com		
14. Mailing Address:	15. Cit	y:	16. State:	17. Zip Code:		
2600 SOUTH DOUGLAS ROAD, SUITE 900	CORA	AL GABLES	FL	33134		
18. I have designated the following bank as my (ch	eck appr	opriate box): 🔳 Prir	nary Depository	Secondary Depository		
19. Name of Bank:		20. Address:				
CITY NATIONAL BANK	-	8311 BIRD RO				
21. City:	22. Co		23. State:	24. Zip Code:		
MIAMI	MIAM	IDADE	FL	33155		
UNDER PENALTIES OF PERJURY, I DECLARE THAT CAMPAIGN TREASURER AND DESIGNATION OF THE C						
	THE RESERVE TO SERVE THE PARTY OF THE PARTY	26. Signature of	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I			
25. Date: 200		* A				
27. Treasurer's Acceptance of Appointm	ent (fill in	the blanks and che	ck the appropriate by			
Trouburd of Agosptanics of Appendix	, one (mi m	THE BIATING CITE OF TO	on the depreparate st			
JEANNINE R. MIRANDA		do hereby accept	the appointment des	ignated above as:		
(Please Print or Type Name)				igilated above do.		
■ Campaign Treasurer		☐ Deputy	Treasurer.			
E Gampagn Housdon				or of Doputy Transurar		
28. Date:			campaign freasure	er of Deputy Treasurer		
2/20/24		X	\sim			
DS-DE 9 (Eff. 10/23)				Rule 1S-2.001, F.A.C.		

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		College Constitution of College Colleg			OTTIOL OOL OTTL	
1. CHECK APPROPRIATE BOX(ES):						
☐ Initial Filing of Form ☐ Re-filing to Change: ☐	☐Treasur	er/Deputy \Box De	pository	☐ Office	e 🗌 Party	
2. Name of Candidate (in this order: First, Middle, Las	st):	3. Address (include	PO Box	or Street, Cit	ty, State, Zip Code):	
(Please Print or Type Name)		2600 S DOUGLAS ROAD, SUITE 900				
ALINA GARCIA		CORAL GABLES	S, FL 33	134		
4. Telephone: 5. Candidate's Voter	Dogiatus	tion #: 6. Email Ad	duagai			
4. Telephone: 5. Candidate's Voter 109119751	Registra	tion #: 6. Email Ad	aress:			
(305) 445-0777 To 109119731 (not required for quality)	fying purpos	alinaga	arcia	@bells	south.net	
7. Office Sought (include district, circuit, group, or seat				-	office, check the box	
MIAMI DADE COUNTY SUPERVISOR OF EL	ECTIO	if applicable:				
9. If a candidate for partisan office, check the box a	nd fill in t		y as ap p	licable: I inte	end to run as a	
☐ Write-In Candidate. ☐ No Party Affiliation Candid	date.	REPUBLICAN			_ Party candidate.	
10. I have appointed the following person to act as	my:	☐ Campaign Treasure	er	Deputy	Treasurer	
11. Name of Treasurer or Deputy Treasurer:		12. Telephone:		13. Email A	Address:	
JOSE A. RIESCO, CPA		(305)445-0777	7 .	jose@riesc	oandcompany.com	
14. Mailing Address:	15. Cit		16. Sta	ate:	17. Zip Code:	
2600 SOUTH DOUGLAS ROAD, SUITE 900	1	•	FL	1	33134	
18. I have designated the following bank as my (ch	neck appr		ary Depo	sitory 🗌 Se	econdary Depository	
19. Name of Bank:		20. Address:				
CITY NATIONAL BANK		8311 BIRD ROA		-		
21. City:	22. Co	-	23. Sta	1	24. Zip Code:	
MIAMI	THE RESERVE	IDADE	FL		33155	
UNDER PENALTIES OF PERJURY, I DECLARE THAT CAMPAIGN TREASURER AND DESIGNATION OF THE C	I HAVE RE CAMPAIGN	EAD THE FOREGOING NDEPOSITORY AND T	FORM FO	OR THE APPO	DINTMENT OF THE FED IN IT ARE TRUE.	
1 / /		26. Signature of 9	andidate	2: (1)		
25. Date: 2/20/2 \		$\mathbf{x}(/\mathbf{A})$			2 —	
Transpure Assertance of Assertance	ant /fill in	the blanks and sheet	the	-/ W		
27. Treasurer's Acceptance of Appointm	ient (IIII In	the blanks and check	k the app	(Obriate pox)	7	
JOSE A. RIESCO, CPA						
(Please Print or Type Name)		_do hereby accept th	ie appoin	tment design	ated above as:	
(issued i filt of Type Hallie)						
☐ Campaign Treasurer		Deputy T	reasurer.			
A CONTRACTOR OF THE PROPERTY O		29. Signature of C	ampaigr	Treasurer o	of Deputy Treasurer	
28. Date: 2 20 224		X				
DS-DE 9 (Eff. 10/23)	Contraction Contraction Contraction		11 11 11 11 11 11 11 11 11 11 11 11 11		Pulo 18 2 001 E A C	

STATEMENT OF CANDIDATE

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

OFFICE USE ONLY

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LAVIGADA JE DO LITY ELECTIONS DELYMATISENT

I, ALINA GARCIA

candidate for the office of MIAMI DADE COUNTY SUPERVISOR OF ELECTIONS; have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

Signature of Candidate

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

0 11 1 4 401					
Candidate/Chairperson:					
ALINA		GARCIA			
First Name	Middle Name	Last Nan	ne		
MIAMI DADE COUNT	Y SUPERVISOR	R OF ELEC	ΤΙΟ	NS	
0	ffice Sought / Organization				
I acknowledge that it is my requirements described in the County Elections Department W	e following resources a ebsite:				
Candidate Qualifying Handbook (https://www.miamidade.gov/ Contains information on State Florida, County Laws and Ha and Procedures, Important C	global/elections/candidate- E Laws and Handbooks, the ndbooks, Qualifying Inform	Election Laws of thation, Electronic Re	ne Sta portin	ate of ig Dat	'es
Political Committee Handbook (https://www.miamidade.gov/contains information on State Florida, County Laws and Ha Important Committee Information	global/elections/political-cor e Laws and Handbooks, the ndbooks, Electronic Report	Election Laws of the Election Laws of the Election Laws of the Election Election Election Laws of the Election Elec	ne Sta		
Acknowledged by:	Candidate Chairperson	Signature	Processing of the second	2021	
Date: 2/20/24				FB 20	
Primary Telephone Number:	305-445-0777			7 7	
Alternate Telephone Number:	N/A			33	Sag F
E-mail address: JOSE@I	RIESCOANDCO	MPANY.CO	M		

MD-ED 2 (Rev. 2/8/2021)

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



~
Candidate (office sought): MIAMI DADE COUNTY SUPERVISOR OF ELECTIONS
Candidate's Florida Voter Registration Number: 109119751
Political Committee:
Party Executive Committee:
Other:
I,ALINA GARCIA
(Please print name of Candidate or Chairperson)
understand that Campaign Treasurer's Reports <u>must</u> 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 2/20/24 Date
Day Time Telephone Number: 305-445-0777
Alternate Contact Number: n/a

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.

JOSE@RIESCOANDCOMPANY.COM

Email Address: