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 MAR 27 PM 3: 11

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):					
☐ Initial Filing of Form ■ Re-filing to Change: ■	Treasur	er/Deputy 🔲 De	pository	☐ Office	e 🔲 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)		2030 S. Douglas Road			
Rita Maria Baez		Suite 105			
		Coral Gables, FL 33134			
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:					
(305) 495-8537 109217002 (not required for qualif	rbaez@ritambaezlaw.com				
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the box					
Miami-Dade County Court Judge, 11th Judicial Circuit, Grouṗ 31 ☐ 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: Campa an Treasurer Deputy Treasurer					
11. Name of Treasurer or Deputy Treasurer:		12. Telephone:		13. Email Address:	
Gloria Maggiolo	(305) 647-2666 gloria@bffcompliance.com				
14. Mailing Address:	15. Cit	y:	16. St	ate:	17. Zip Code:
6619 S. Dixie Hwy No 148 Miami			FL		33143
18. I have designated the following bank as my (check appropriate box): I Primary Depository Secondary Depository					
19. Name of Bank:		20. Address:			
TD Bank 2401 Ponce De Leon Blvd 21. City: 22. County: 23. State: 24. Zip Code:					04 75 0 - 4 -
21. City: Coral Gables	200	-Dade	and the second s		24. Zip Code: 33134
AND AN EXPONENT OF PROCEEDINGS OF THE PRO-				OD THE ADD	
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.					
26. Signature of Candidate:)
25. Date: 03/27/2029 X					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)					
ر, Gloria Maggiolodo here y accept the appointment designated above as:					nated above as:
(Please Print or Type Name)					
■ Campaign Treasurer	☐ Deputy Treasurer.				
28. Date: 3 27 2024		29. Signature of Campaign Treasurer or Deputy Treasurer			
DS-DF 9 (Rev. 09/23)				Ru	Ile 1S-2 0001 F A C