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. 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) CARLOS LOPEZ-CANTERA 4. Telephone 5. E-mail address carlos@lopezcantera.com 6. Office sought (include district, circuit, group number) MIAMI-DADE COUNTY PROPERTY APPRAISER 16 Office sought (include district, circuit, group number) 10. Name of rasputsan office, check block and fill in name of party as applicable: 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 10. Nume of treasurer or Deputy Treasurer JOSE A. RIESCO, CPA 11. Mailing Address BANK OF CORAL GABLES 2295 GALIANO STREET 21. Chy CORAL GABLES 21. Chy 22. County 12. State 23. State 24. To I2. Treasurer's Acceptance of Appointment (III in the blanks and check the appropriate block) 17. The action of the following bank as my 22. State 23. State 24. To I2. 25. Date 4. I. 10. Zu O12. 26. State 27. Treasurer's Acceptance of Appointment (III in the blanks and check the appropriate block) 1. JOSE A. RIESCO, CPA 21. Chy 22. State 23. State 24. U) 2012. 25. State 26. Date 26. Date 27. Treasurer's Acceptance of Appointment (III in the blanks and check the appropriate block) 1. JOSE A. RIESCO, CPA 27. Treasurer's Acceptance of Appointment (III in the blanks and check the appropriate block) 1. JOSE A. RIESCO, CPA 27. Treasurer's Acceptance of Appointment (III in the blanks and check the appropriate block) 26. Date 27. Treasurer's Acceptance of Appointment (III in the blanks and check the appropriate block) 27. Treasurer's Acceptance of Appointment (IIII in the blanks and check the appropriate block) 28. S								
DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE) Dit CHILVED NOTE: This form must be on file with the qualifying officer before opening the campaign account. Dit CHILVED 1. CHECK APPROPRIATE BOX(ES): Exhibit the qualifying 2. Initial Filing of form Re-filing to Change: Treasurer/Deputy Depository Office Decores the appointed the following beach actions of the applicable: Depository Office Decores the applicable: 2. Name of Candidate (in this order First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 3. Address (include post office box or street, city, state, zip code) 6. Office sought (include distric, circuit, group number) 7. If a candidate for a <u>ponpartisan</u> office, check if applicable: 1. If a candidate for a <u>ponpartisan</u> office, check if applicable: My intent is to run as a 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 Party candidate 9. Ihave appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer 12. Telephone (305) 445-0777 13. City 14. County 15. State 18. Zip Code 33134 11. Mailing Address 20. Address 20. Address BANK OF CORAL GABLES 22. County 23. State 24. Zip Code 33134 <	APPOINTMENT OF (CAMPAIGN TREASU	JRER					
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CARLOS LOPEZ-CANTERA code) 4. Telephone 5. E-mail address (305) 461-0300 carlos@lopezcantera.com 6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if <u>applicable</u> : MIAMI-DADE COUNTY PROPERTY APPRAISER 7. If a candidate for a <u>nonpartisan</u> office, check block and fill in name of party as applicable: 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 Party candidate. 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer JOSE A. RIESCO, CPA 12. Telephone (305) 445-0777 13. City 14. County 15. State 16. Zip Code 17. E-mail address 95 MERRICK WAY, #250 (3134 jose@riescoandcompany.com 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 2295 GALIANO STREET 21. City 21. City 22. County 23. State 24. Zip Code 21. City 22. County 23. State 24. Zip Code 21. City 22. County 23. State 24. Zip Code	Initial Filing of Form	Re-filing to Change	: 🔲 Tre	easurer/	Deputy	Depository] Office 🗌	Party
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MIAMI-DADE COUNTY PROPERTY APPRAISER applicable: My intent is to run as a Write-In candidate. 8. If a candidate for a partisan 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. 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer JOSE A. RIESCO, CPA 11. Mailing Address 12. Telephone 95 MERRICK WAY, #250 (305) 445-0777 13. City 14. County 15. State 16. Zip Code 17. E-mail address CORAL GABLES MIAMI-DADE FL 33134 jose@riescoand.company.com 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 2295 GALIANO STREET 21. City 22. County 23. State 24. Zip Code CORAL GABLES MIAMI-DADE FL 33134 33134 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE PAGTS STATED IN ITARE TRUE. 24. Zip Code 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) . <td>(305) 461-0300</td> <td>carlos@lopezcantera</td> <td>a.com</td> <td></td> <td></td> <td>,</td> <td></td> <td></td>	(305) 461-0300	carlos@lopezcantera	a.com			,		
MilkMillEXADE COONTTENDER THRAFERATION My intent is to run as a Write-In candidate. 8. If a candidate for a partisan 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. 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer JOSE A. RIESCO, CPA 11. Mailing Address 95 MERRICK WAY, #250 12. Telephone (305) 445-0777 13. City 14. County 15. State 16. Zip Code 20. Address 20. Address 21. City 22. County MIAMI-DADE PL 23. State 24. Zip Code 25. Date 4 11. Zo12 26. Date 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1,	6. Office sought (include of	listrict, circuit, group num	ber)		7. If a can	didate for a <u>nonpar</u>	tisan office, chec	:k if
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10. Name of Treasurer or Deputy Treasurer JOSE A. RIESCO, CPA 11. Mailing Address 95 MERRICK WAY, #250 13. City 14. County 15. State 16. Zip Code 17. E-mail address CORAL GABLES MIAMI-DADE FL 33134 jose@riescoandcompany.com 18. I have designated the following bank as my Name of Bank BANK OF CORAL GABLES 21. City 22. County 23. State CORAL GABLES 21. City 22. County 23. State CORAL GABLES 21. City 22. County 23. State CORAL GABLES 24. Zip Code 25. Date 4 4 10. 2012 26. Signature of Candidate X QUBER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT AFE TRUE. 25. Date 26. Signature of Candidate <td< td=""><td>Write-In No</td><td>Party Affiliation</td><td></td><td></td><td></td><td>P</td><td>arty candidate.</td><td></td></td<>	Write-In No	Party Affiliation				P	arty candidate.	
JOSE A. RIESCO, CPA 11. Mailing Address 95 MERRICK WAY, #250 13. City 14. County 15. State CORAL GABLES MIAMI-DADE FL 33134 isse@riescoandcompany.com 18. I have designated the following bank as my V Primary Depository 19. Name of Bank BANK OF CORAL GABLES 20. Address 24. Zip Code 21. City 22. County 23. State CORAL GABLES 22. County 23. State 24. Zip Code 3134 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE ROREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FAITS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1,	9. I have appointed the fo	llowing person to act a	smy [X Car	npaign Trea	surer 🔲 Dep	uty Treasurer	
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CORAL GABLES MIAMI-DADE FL 33134 jose@riescoandcompany.com 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address BANK OF CORAL GABLES 2295 GALIANO STREET 21. City 22. County 23. State 24. Zip Code CORAL GABLES MIAMI-DADE FL 33134 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FAITS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candibate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1, JOSE A. RIESCO, CPA , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. Upper Streasurer.								
18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address BANK OF CORAL GABLES 2295 GALIANO STREET 21. City 22. County 23. State 24. Zip Code CORAL GABLES MIAMI-DADE FL 33134 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 25. Date	,	,			•			
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BANK OF CORAL GABLES 2295 GALIANO STREET 21. City 22. County 23. State 24. Zip Code CORAL GABLES MIAMI-DADE FL 33134 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN ITARE TRUE. 26. Signature of Candidate 25. Date 26. Signature of Candidate X 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1, JOSE A. RIESCO, CPA , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. Upputy Treasurer.	18. I have designated the	following bank as my		Prima	ary Deposito	ry 🗌 Second	ary Depository	
21. City 22. County 23. State 24. Zip Code CORAL GABLES MIAMI-DADE FL 33134 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate 25. Date 21. City 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1, JOSE A. RIESCO, CPA , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. 4-11-2012 X								
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4 1 2012 X X X 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	25. Date	1994 Br			1 - 1 - 1		#	
I, JOSE A. RIESCO, CPA , do hereby accept the appointment (Please Print or Type Name) , do hereby accept the appointment designated above as: Image: Campaign Treasurer Deputy Treasurer. Image:	41017017			-				
(Please Print or Type Name) designated above as: <u>4</u> -11-2012 <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u>K</u> <u></u>	27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)							
(Please Print or Type Name) designated above as: <u>4</u> -11-2012 X	JOSE A. RIESCO, CPA do hereby accept the appointment							
4.11.2012 X								
	designated above as: Campaign Treasurer Deputy Treasurer.							
	W-11-2.917 X							
Date Signature of Campaign Treasurer or Deputy Treasurer								

DS-DE 9 (Rev. 10/10)

STATEMENT OF CANDIDATE

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

2012 APR 12 AN IO: 17

ELECTIONS DEPARTMENT

I, Carlos Lopez-Cantera

candidate for the office of Miami-Dade Property Appraiser

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

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).



Candidate/Chairperson:

LOPEZ- CANTERA Last Name CARLOS Middle Name First Name MIAMI-DADE PROPERTY APPRAISER Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		X		
Miami-Dade County Qualifying Handbook		x		
Miami-Dade County Committee Handbook				
Received by: Signature of Candidate or Chair	ELECTIONS DEPARTMENT	LUIZ APR 12 AMR		
Day Time Telephone Number:	546	0300		
Alternate Contact Number:ハノム Email Address:Cみてしのら@(Coper	Lcante	vaco	m

Campaign Treasurer's Report Electronic Filing Requirements for Miami-Dade County



Candidate (office sought): MIAMI DADE PROPERTY	APPR	AISER
Political Committee:		
Party Executive Committee:	ECTIONS	<u>د منابع م</u> منابع منابع منا منابع منابع منا
□ Other:		****
	PARTMEN	ga an ga an Na ang
I, CAMOS WREZ-CANTERA (Please print name of Candidate or Chairperson)	TENT	

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.

Carlin aut	4/11/2012
Signature of Cardidate or Chairperson	Date
Day Time Telephone Number: 305 461 030	0
Alternate Contact Number: <u> </u>	
Email Address: CARLOS @COPEZCANT	ERA. 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.