

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2016 JUN 24 AM 10:25

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**NOTE: This form must be on file with the qualifying 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)

MARIA TERESA ROJAS

**3. Address** (include post office box or street, city, state, zip code)

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

**4. Telephone**

(786 ) 719-0584

**5. E-mail address**

mtrojas@hotmail.com

**6. Office sought** (include district, circuit, group number)

MIAMI DADE COUNTY SCHOOL BOARD, DISTRICT #6

**7. If a candidate for a nonpartisan office, check if 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

**10. Name of Treasurer or Deputy Treasurer**

JOSE A. RIESCO, CPA

**11. Mailing Address**

2600 SOUTH DOUGLAS ROAD, #900

**12. Telephone**

( 305 ) 445-0777

**13. City**

CORAL GABLES

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33134

**17. E-mail address**

jose@riescoandcompany.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

SUNTRUST BANK

**20. Address**

201 ALHAMBRA CIRCLE

**21. City**

CORAL GABLES

**22. County**

MIAMI-DADE

**23. State**

FL

**24. Zip Code**

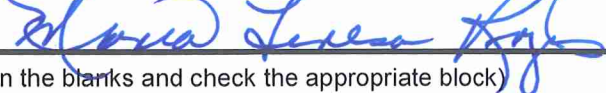
33134

**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**

6/23/2016

**26. Signature of Candidate**

X 

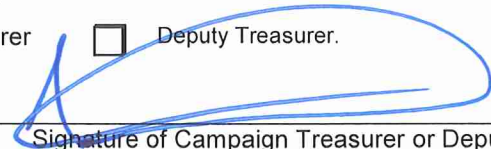
**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

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

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/23/2016  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

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CORAL GABLES, FL 33134

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Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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**10. Name of Treasurer or Deputy Treasurer**

JEANNINE RIESCO MIRANDA

**11. Mailing Address**

2600 SOUTH DOUGLAS ROAD, #900

**12. Telephone**

( 305 ) 445-0777

**13. City**

CORAL GABLES

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**25. Date**

6/23/2016

**26. Signature of Candidate**

X *Maria Teresa Rojas*

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

I, JEANNINE RIESCO MIRANDA, do hereby accept the appointment

(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

Date

6/23/16

X

Signature of Campaign Treasurer or Deputy Treasurer