## 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.

RECEIVED

2017 MAY -5 PM 3: 15

MIAMI-DADE ELECTIONS

OFFICE USE ONLY

		3										
1. CHECK APPROPRIATE  Initial Filing of Form	-	<b>S):</b> -filing to Change:	П т	reası	urer/Dep	puty _	<b>]</b> Deposit	tory 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)  3. Address (include post office box or street, city, state, zip												
GINA BEOVIDES					code) Coral Gables District Court							
4. Telephone	elephone 5. E-mail address					3100 Ponce de Leon Blvd, Suite 1-7						
(305 ) 569-2506	KeepJı	KeepJudgeGina@aol.com				Coral Gables, FL 33134						
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> offi										, chec	k if	
Miami-Dade County Court Judge, 11th Judicial Circuit, Group 39  applicable:  My intent is to run as a Write-In candid										date.		
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 Jeannine Miranda												
11. Mailing Address 12. Telephone												
	2600 South Douglas Road, Suite 900 ( 305 ) 445-0777											
13. City	3. City 14. County			ate	16. Zi	6. Zip Code 17. E-mail address						
Coral Gables Miami-Dade F			FL	FL		jen@riescoandcompany.com						
18. I have designated the following bank as my  Primary Depository  Secondary Depository												
19. Name of Bank					20. Address							
Sun Trust Bank				201	201 Alhambra Circle							
21. City	21. City 22. County					23. State		- 20	24. Zip Code			
Coral Gables	ral Gables Miami-Dade				F	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	25. Date 26. Signature of Candidate											
5/1/7 X X Lio												
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I, Jeannine Miranda					, do hereby accept the appointment							
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
5/2/17 X												
Date Signature of Campaign Treasurer or Deputy Treasurer												