

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2022 APR 25 PM 2:21

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)

JULIE HARRIS NELSON

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

2600 S DOUGLAS ROAD, SUITE 900
CORAL GABLES, FL 33134

4. Telephone

(954) 798-8217

5. E-mail address

keepjudgejulieharrisnelson@
.com

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

MIAMI-DADE COUNTY COURT JUDGE, 11th JUDICIAL
CIRCUIT, GROUP 39

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 S DOUGLAS ROAD, SUITE 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

REGIONS BANK

20. Address

3516 MAIN HIGHWAY

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33133

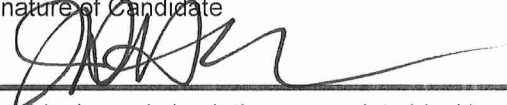
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

4/25/22

26. Signature of Candidate

X



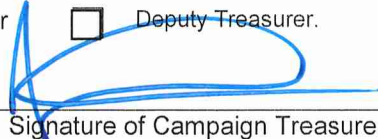
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

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

designated above as: Campaign Treasurer Deputy Treasurer.

4/25/2022
Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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JULIE HARRIS NELSON

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2600 S DOUGLAS ROAD, SUITE 900
CORAL GABLES, FL 33134

4. Telephone

(954) 798-8217

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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 R. MIRANDA

11. Mailing Address

2600 S DOUGLAS ROAD, SUITE 900

12. Telephone

(305) 445-0777

13. City

CORAL GABLES

14. County

MIAMI-DADE

15. State

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jen@riescoandcompany.com

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REGIONS BANK

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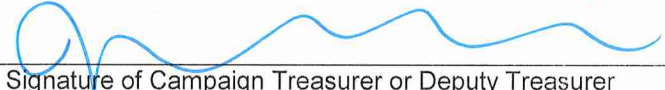
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, JEANNINE R. MIRANDA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

4/25/2022

X



Date

Signature of Campaign Treasurer or Deputy Treasurer