

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2022 APR 19 PM 4:39

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)**

ELISABETH ESPINOSA

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

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

**4. Telephone**

(786 ) 252-2141

**5. E-mail address**

emespinosa21@gmail.com

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

MIAMI-DADE COUNTY COURT JUDGE, 11th JUDICIAL  
CIRCUIT, GROUP 13

**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, 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**

4/17/22

**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)

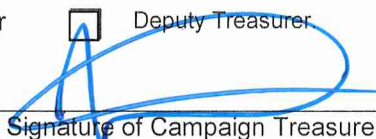
designated above as:  Campaign Treasurer     Deputy Treasurer

Date

4/17/22

X

Signature of Campaign Treasurer or Deputy Treasurer



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ELISABETH ESPINOSA

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

**4. Telephone**

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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 SOUTH DOUGLAS ROAD, SUITE #900

**12. Telephone**

( 305 ) 445-0777

**13. City**

CORAL GABLES

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33134

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JEN@RIESCOANDCOMPANY.COM

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**19. Name of Bank**

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**25. Date**

4/17/22

**26. Signature of Candidate**

X 

**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.

4/17/22  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer