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

2022 APR 25 PM 4: 17

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

officer perore opening the	e campa	lign account.							OFFICI	= USE	ONLY	
1. CHECK APPROPRIATE Initial Filing of Form		S): -filing to Change:	: 🔲 т	reasi	urer/De	eputy [Deposito	ry \square	Office		Party	
2 Name of Candidate (in	thic ordo	r: First Middle I	oot)	13	3 Addr	occ (includ	lo post offic	o boy or s	troot city	ctato	zin	
2. Name of Candidate (in this order: First, Middle, Last)						3. Address (include post office box or street, city, state, zip code)						
AYANA HARRIS 2600 SOUTH DOUGLAS ROAD, SUITE 900												
4. Telephone	5. E-mail address				CORAL GABLES, FL 33134							
(305) 445-0777	keepjudgeayanaharris@gmai											
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if												
MIAMI-DADE COUNTY COURT JUDGE, 11th JUDICIAL applicable:									idata			
CIRCUIT, GROUP 3 My intent is to run as a Write-In candidate.									iuaie.			
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												
10. Name of Treasurer or Deputy Treasurer JOSE A. RIESCO, CPA												
11. Mailing Address 12. Telephone												
2600 S DOUGLAS ROAD, SUITE 900 (305) 445-0777												
13. City	3. City 14. County 15. Sta				11				ress			
CORAL GABLES MIAMI-DADE FL					33134 jose@riescoandco				company	.com		
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank					20. Address							
CITY NATIONAL BANK					8311 SW 40 STREET							
21. City				23. Stat				,	24. Zip Code			
MIAMI		MIAMI-DADE	Ξ			FL			33155		A Control of the Cont	
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 26. Signature of Candidate												
4/25/22					X							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
JOSE A. RIESCO, CPA do hereby accept the appointment												
I,, do hereby accept the appointment (Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
4/25/27 X												
Date Signature of Campaign Treasurer or Deputy Treasurer												
				0.							i i	

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

2022 APR 25 PM 4: 17

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): \times Initial Filing of Form Re-filing to Change: Treasurer/Deputy ☐ Depository Office Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) **AYANA HARRIS** 2600 SOUTH DOUGLAS ROAD, SUITE 900 4. Telephone 5. E-mail address CORAL GABLES, FL 33134 (305) 445-0777 keepjudgeayanaharris@gmaj 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: MIAMI-DADE COUNTY COURT JUDGE, 11th JUDICIAL My intent is to run as a Write-In candidate. CIRCUIT, GROUP 3 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 冈 Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer JEANNINE R. MIRANDA 11. Mailing Address 12. Telephone 2600 S DOUGLAS ROAD, SUITE 900 (305) 445-0777 14. County 13. City 15. State 16. Zip Code 17. E-mail address CORAL GABLES MIAMI-DADE FL 33134 jen@riescoandcompany.com 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address CITY NATIONAL BANK 8311 SW 40 STREET 21. City 24. Zip Code 22. County 23. State MIAMI MIAMI-DADE FL 33155 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 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) JEANNINE R. MIRANDA , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. X Signature of Campaign Treasurer or Deputy Treasurer

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

2022 APR 25 PM 4: 17

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

OFFICE USE ONLY

officer before opening the	e campa	ign account.	novel or transport and the	<u> </u>					OFFICE	: USE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form		S): -filing to Change:	_ T	reası	urer/D	eputy] Deposito	ory 🔲	Office		Party
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip								zip			
AYANA HARRIS				code)							
4. Telephone	5. E-mail address				2600 SOUTH DOUGLAS ROAD, SUITE 900						
· ·				CORAL GABLES, FL 33134							
305) 445-0777 keepjudgeayanaharris@gmai 7. If a candidate for a nonpartisan office, check if								k if			
MIAMI-DADE COUNTY COURT JUDGE, 11th JUDICIAL applicable:								N 11			
CIRCUIT, GROUP 3					My intent is to run as a Write-In candidate.						idate.
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											
SAMUEL BRINSON											
11. Mailing Address						12. Telephone					
2600 S DOUGLAS ROAD, SUITE 900						(954) 589-3056					
13. City	14. County 15. Sta			ate				il address	i i		
CORAL GABLES MIAMI-DADE FL				STATE TO STATE	33134 sbrinson2@yahoo.com						
18. I have designated the following bank as my				₹ F	Primary Depository Secondary Depository						
19. Name of Bank					20. Address						
CITY NATIONAL BANK					8311 SW 40 STREET						
21. City		22. County			7.	23. State			24. Zip C	ode	
MIAMI		MIAMI-DADE		de la participa de la constante		FL			33155		
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.										RAND	
25. Date					26. Signature of Candidate						
4/25/22					X						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I,, do hereby accept the a							t the appoi	ntmeni			
(Please Print or Type Name)											
designated above as: Campaign Treasurer Deputy Treasurer											
4/25/22 X Jan (Kin)											
Date Signature of Campaign Treasurer or Deputy Treasurer											