### 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 filing officer before opening the campaign account.

# RECEIVED

2024 APR 15 AM 11: 38

MIAMI-DADE SI ECTIONS

OFFICE USE ONLY

opening the earnpaign accounts						I I I I PJ	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):			3. Address (include PO Box or Street, City, State, Zip Code):					
(Please Print or Type Name)			RIESCO & COMPANY, LLC					
LINDA SINGER STEIN			2600 SOUTH DOUGLAS ROAD, SUITE #900					
			CORAL GABLES, FL 33134					
4. Telephone: 5. Candidate's Voter Registrat			tion #:   6. Email Address:					
305 ) 445-0777   109087812   (not required for qualifying purpos		steinlinda22@yahoo.com						
7. Office Sought (include district, circuit, group, or seat #):								
if applicable:								
11th JUDICIAL CIRCUIT, MIAMI-DADE COUNTY COURT JUDGE, GROUP #22								
9. If a candidate for <u>partisan</u> office, check the box and fill in the name of the party as applicable: I intend to run as a								
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐Party candidate.								
10. I have appointed the following person to act as my:   Campaign Treasurer  Deputy Treasurer								
11. Name of Treasurer or Deputy Treasurer:			12. Telephone: 13. Email A			Address:		
LINDA SINGER STEIN (305 ) 445-0777 steinlinda22@yahoo.co						22@yahoo.com		
14. Mailing Address: 15. City				7410 0111	16. St		17. Zip Code:	
2600 SOUTH DOUGLAS ROAD, SUITE #900 CO			-	RIFS	FL	ato.	33134	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository								
19. Name of Bank: REGIONS BANK			20. Address: 3516 MAIN HIGHWAY					
52 8 88 5. 0 8		22 Co	The state of the s					
MIAMI		22. County: MIAMI-DADE		)E	FL		33133	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.								
011/-/			26. Signature of Candidate:					
25. Date: $04/15/20$	24		X	Lude ,	Ince	es Ste		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
7								
LINDA SINGER STEIN do hereby accept the appointment designated above as:								
do hereby accept the appointment designated above as:  (Please Print or Type Name)								
☐ Campaign Treasurer. ■ Deputy Treasurer.								
					Signature of Campaign Treasurer or Deputy Treasurer			
28. Date: 04/15/2024			X Ande Anges Hen					
DS-DE 9 (Rev. 09/23) Rule 1S-2.0001, F.A.C.								

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

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 09/23)

### RECEIVED

## 2024 APR 15 AM 11: 38

Rule 1S-2.0001, F.A.C.

NOTE: This form must be on file with the filing officer before opening the campaign account. MIAMI-DADE **OFFICE USE ONLY** FLECTIUMS 1. CHECK APPROPRIATE BOX(ES): ■ Initial Filing of Form
□ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository Office ☐ Partv 2. Name of Candidate (in this order: First, Middle, Last): 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) RIESCO & COMPANY, LLC LINDA SINGER STEIN 2600 SOUTH DOUGLAS ROAD, SUITE #900 CORAL GABLES, FL 33134 4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address: 109087812 steinlinda22@yahoo.com (305) 445-0777 (not required for qualifying purposes) 7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the box if applicable: 11th JUDICIAL CIRCUIT, MIAMI-DADE COUNTY COURT JUDGE, GROUP #22 ☐ I intend to run as a Write-In Candidate. 9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a ☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ Party candidate. 10. I have appointed the following person to act as my: ☐ Campaign Treasurer Deputy Treasurer 11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address: JEANNINE R. MIRANDA ien@riescoandcompany.com (305) 445-0777 14. Mailing Address: 15. City: 16. State: 17. Zip Code: 2600 SOUTH DOUGLAS ROAD, SUITE #900 CORAL GABLES FL 33134 18. I have designated the following bank as my (check appropriate box): I Primary Depository Secondary Depository 19. Name of Bank: 20. Address: **REGIONS BANK** 3516 MAIN HIGHWAY 21. City: 22. County: 23. State: 24. Zip Code: MIAMI MIAMI-DADE FI 33133 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate: 25. Date: 2024 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) I JEANNINE R. MIRANDA do hereby accept the appointment designated above as: (Please Print or Type Name) ☐ Campaign Treasurer. Deputy Treasurer. 29. Signature of Campaign Treasurer or Deputy Treasurer 28. Date: X

# **Campaign Treasurer's Report** Miami-Dade County Electronic Filing Requirement COUNTY



Candidate (office sought): MIAMI-DADE COUNTY COURT JUDGE, 11TH JUDICIAL CIRCUIT, GROUP 22
Candidate's Florida Voter Registration Number: 109087812
Political Committee:
Party Executive Committee:  Other:  LINDA SINGER STEIN
Other:
i,
(Please print name of Candidate or Chairperson)
understand that Campaign Treasurer's Reports <u>must</u> be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.
I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, and Community Council must now file the Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.
Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.
Signature of Candidate or Chairperson  O4/15/2024  Date
Day Time Telephone Number: 305-445-0777
Alternate Contact Number: n/a
Email Address: STEINLINDA22@YAHOO.COM

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.