#### 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

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officer before opening the campaign account.  OFFICE USE ONLY											
1. CHECK APPROPRIATE BOX(ES):											
✓ Initial Filing of Form		filing to Change:	☐ Tr	easur	rer/De	eputy 🔲	Deposit	ory 🔲	Office		Party
2. Name of Candidate (in this order: First, Middle, Last)  3. Address (include post office box or street, city, state, zights)							zip				
ELEANE SOSA-BRUZ	ON				ode)			11.0			
4. Telephone	5. E-mail address				RIESCO & COMPANY, LLC 2600 SOUTH DOUGLAS ROAD, SUITE #900						
(786 ) 281-5264	esosab	4			CORAL GABLES, FL 33134						
6. Office sought (include district, circuit, group number)  7. If a candidate for a nonpartisan office, check if							k if				
11th JUDICIAL CIRCUIT, MIAMI-DADE COUNTY COURT JUDGE, GROUP #33				applicable:  My intent is to run as a Write-In candidate.							
8. If a candidate for a part	isan offi	ce, check block	and fill	in na	me of	f party as a	applicabl	e: My inte	ent is to rur	n 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 12. Telephone											
2600 SOUTH DOUGLAS ROAD, SUITE #900 ( 305 ) 445-0777											
13. City		County	15. Sta	an and an	2 2 30 30 30 30 30 30 30 30 30 30 30 30 30						
CORAL GABLES MIAMI-DADE FL 33134 jose@riescoandcompany.com											
18. I have designated the following bank as my											
19. Name of Bank 20. Address											
REGIONS BANK 3516 MAIN HIGHWAY											
21. City		22. County	-			23. State			24. Zip C	ode	
MIAMI		MIAMI-DADE				FL		)	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 26. Signature of Candidate											
3/18/23 X											
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I,, do hereby accept the appointment											
(Please Print or Type Name)											
designated above as: Campaign Treasurer Deputy Treasurer.											
3/15/2023 X											
Date 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)

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HIAMI DADE COUNTY ELECTIONS BEPARTMENT

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 |X|3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) **ELEANE SOSA-BRUZON** RIESCO & COMPANY, LLC 4. Telephone 5. E-mail address 2600 SOUTH DOUGLAS ROAD, SUITE #900 CORAL GABLES, FL 33134 esosabruzon@gmail.com (786 ) 281-5264 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: 11th JUDICIAL CIRCUIT, MIAMI-DADE COUNTY My intent is to run as a Write-In candidate. COURT JUDGE, GROUP #33 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 Party candidate. No Party Affiliation Campaign Treasurer 冈 **Deputy Treasurer** 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer JEANNINE R. MIRANDA 12. Telephone 11. Mailing Address 2600 SOUTH DOUGLAS ROAD, SUITE #900 (305) 445-0777 17. E-mail address 16. Zip Code 13. City 14. County 15. State MIAMI-DADE 33134 FL jen@riescoandcompany.com **CORAL GABLES** Secondary Depository 18. I have designated the following bank as my 19. Name of Bank 20. Address 3516 MAIN HIGHWAY **REGIONS BANK** 23. State 24. Zip Code 22. County 21. City MIAMI MIAMI-DADE FL 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. 26. Signature of Candidate 25. Date Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. JEANNINE R. MIRANDA do hereby accept the appointment (Please Print or Type Name) Campaign Treasurer Deputy Treasurer. designated above as: Signature of Campaign Treasurer or Deputy Treasurer

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

DS-DE 9 (Rev. 10/10)

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

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

(PLEASE PRINT OR TYPE)

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MIAMI DADE COUNTY ELECTIONS BEPARTMENT

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

officer before opening th	e campai	gn account.						OFFICE	035	CIALI
1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party										
2. Name of Candidate (in	2. Name of Candidate (in this order: First, Middle, Last)  3. Address (include post office box or street, city, state, zip							zip		
ELEANE SOSA-BRUZON				code)						
4. Telephone								OLUTE -	<b>4000</b>	
				2600 SOUTH DOUGLAS ROAD, SUITE #900						
786 ) 281-5264 esosabruzon@gmail.com CORAL GABLES, FL 33134										
6. Office sought (include district, circuit, group number)  7. If a candidate for a <u>nonpartisan</u> office, check if							k if			
11th JUDICIAL CIRCUIT, MIAMI-DADE COUNTY					applicable:  My intent is to run as a Write-In candidate.					
COURT JUDGE, GROUP #33										
8. If a candidate for a par	<u>tisan</u> offi	ce, check block	and fill in	name	of party as	applicable	: My inte	ent is to rur	ı as a	
Write-In No Party AffiliationParty candidate.										
9. <b>I have appointed the following person to act as my</b> Campaign Treasurer 🔀 Deputy Treasurer										
10. Name of Treasurer or I	Deputy Tr	easurer								
ELEANE SOSA-BRUZON										
11. Mailing Address 12. Telephone										
2600 SOUTH DOUGLAS ROAD, SUITE #900 ( 305 ) 445-0777										
13. City	14. C	ounty	15. State	16. Zip Code 17. E-mail address						
CORAL GABLES MIAMI-DADE FL 33134					134	esosabrı	uzon@g	mail.com		
18. I have designated the following bank as my										
19. Name of Bank 20. Address										
REGIONS BANK 3516 MAIN HIGHWAY										
21. City				23. State 24. Zip Code					ode	
MIAMI	MIAMI MIAMI-DADE			FL (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 26. Signature of Candidate										
3 15 23 X										
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I. ELEANE SOSA-BRUZON , do hereby accept the appointment										
(Please Print or Type Name)										
designated above as:   Campaign Treasurer Deputy Treasurer										
3 15 23 X										
Date Signature of Campaign Treasurer or Deputy Treasurer										

#### STATEMENT OF CANDIDATE FOR JUDICIAL OFFICE

(Section 105.031(5), F.S.) (Please Type)

#### OFFICE USE ONLY

2023 MAR 16 AM 10: 20

MIAMIDADE COUNTY ELECTIONS BEPARTMENT

I,ELEANE SOSA-BRUZON						
a judicial candidate, have received, read, and understand the requirements						
of the Florida Code of Judicial Conduct.						
	(Signature of candidate)  3   15   23   (Date)					

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation

of Campaign Depository.

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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HIAMIDADE COUNTY ELECTIONS DEPARTMENT

I, ELEANE SOSA-BRUZON
-----------------------

candidate for the office of 11th Judicial Circuit, MIAMI-DADE COUNTY COURT JUDGE, GROUP #33

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

Signature of Candidate

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



# Access to Handbook and the Election Laws of the State of Florida MAR 16 AM 10: 20

HIAM DADE COUNTY

		ELECTIONS BEFARIMENT
Candidate/Chairperson:		
ELEANE		SOSA-BRUZON
First Name	Middle Name	Last Name
11th JUDICIAL CIRCUIT, M	IAMI-DADE COUNTY C	OURT JUDGE, GROUP #33
	Office Sought / Organization	,
	the following resources	, understand and follow the available on the Miami-Dade
Contains information on St Florida, County Laws and I	ov/global/elections/candidate tate Laws and Handbooks, th	e Election Laws of the State of nation, Electronic Reporting Dates
Contains information on St Florida, County Laws and	ov/global/elections/political-co	e Election Laws of the State of rting Dates and Procedures,
Acknowledged by:	Candidate / Chairperson	Signature
Date: 3 15 23	Odificial Conditions of	
Primary Telephone Number	305-445-0777	
Alternate Telephone Numbe	er: N/A	
E-mail address: esosab	oruzon@gmail.cor	n

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



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.