

**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

2025 MAY -2 AM 10:32

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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):
(Please Print or Type Name)

BETTY CAPOTE-ERBEN

3. Address (include PO Box or Street, City, State, Zip Code):

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

4. Telephone:

(305) 445-0777

5. Candidate's Voter Registration #:

109493578

(not required for qualifying purposes)

6. Email Address:

BETTYCAPOTE@ICLOUD.COM

7. Office Sought (include district, circuit, group, or seat #):

11TH JUDICIAL CIRCUIT, MIAMI DADE COUNTY COURT JUDGE, GROUP 30

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ 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:

MARLENE QUINTANA, ESQ.

12. Telephone:

(305) 416-6880

13. Email Address:

marlene.quintana@gray.robinson.com

14. Mailing Address:

333 SE 2 AVENUE, SUITE 3200

15. City:

MIAMI

16. State:

FL

17. Zip Code:

33131

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

FIRST HORIZON BANK

20. Address:

1101 BRICKELL AVENUE, N101

21. City:

MIAMI

22. County:

MIAMI-DADE

23. State:

FL

24. Zip Code:

33131

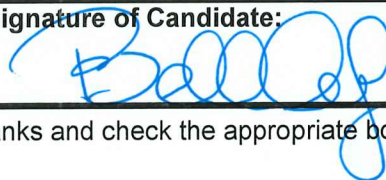
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

5-1-25

26. Signature of Candidate:

X



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

I, MARLENE QUINTANA, ESQ.

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

5/1/25

29. Signature of Campaign Treasurer or Deputy Treasurer

X



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(Please Print or Type Name)

BETTY CAPOTE-ERBEN

3. Address (include PO Box or Street, City, State, Zip Code):

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

4. Telephone:

(305) 445-0777

5. Candidate's Voter Registration #:

109493578

(not required for qualifying purposes)

6. Email Address:

BETTYCAPOTE@ICLOUD.COM

7. Office Sought (include district, circuit, group, or seat #):

11TH JUDICIAL CIRCUIT, MIAMI DADE COUNTY COURT JUDGE, GROUP 30

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ 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:

JEANNINE RIESCO MIRANDA

12. Telephone:

(305) 445-0777

13. Email Address:

jen@riescoandcompany.com

14. Mailing Address:

2600 S DOUGLAS ROAD, SUITE 900

15. City:

CORAL GABLES

16. State:

FL

17. Zip Code:

33134

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

FIRST HORIZON BANK

20. Address:

1101 BRICKELL AVENUE, N101

21. City:

MIAMI

22. County:

MIAMI-DADE

23. State:

FL

24. Zip Code:

33131

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.

25. Date:

5-1-25

26. Signature of Candidate:

X

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

I, JEANNINE RIESCO MIRANDA

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

5/1/25

29. Signature of Campaign Treasurer or Deputy Treasurer

X

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

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(Please Print or Type Name)

BETTY CAPOTE-ERBEN

3. Address (include PO Box or Street, City, State, Zip Code):

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

4. Telephone:

(305) 445-0777

5. Candidate's Voter Registration #:

109493578

(not required for qualifying purposes)

6. Email Address:

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7. Office Sought (include district, circuit, group, or seat #):

11TH JUDICIAL CIRCUIT, MIAMI DADE COUNTY COURT JUDGE, GROUP 30

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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:

JOSE A. RIESCO, CPA

12. Telephone:

(305) 445-0777

13. Email Address:

jose@riescoandcompany.com

14. Mailing Address:

2600 S DOUGLAS ROAD, SUITE 900

15. City:

CORAL GABLES

16. State:

FL

17. Zip Code:

33134

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

FIRST HORIZON BANK

20. Address:

1101 BRICKELL AVENUE, N100

21. City:

MIAMI

22. County:

MIAMI-DADE

23. State:

FL

24. Zip Code:

33131

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.

25. Date:

5-1-25

26. Signature of Candidate:

X

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

I, JOSE A. RIESCO, CPA

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

5/1/2025

29. Signature of Campaign Treasurer or Deputy Treasurer

X

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

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

(Please Type)

OFFICE USE ONLY

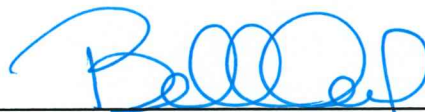
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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, BETTY CAPOTE-ERBEN

a judicial candidate, have received, read, and understand the requirements
of the Florida Code of Judicial Conduct.



(Signature of candidate)

5-1-25

(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)

OFFICE USE ONLY

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2025 MAY -2 AM 10: 33

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, BETTY CAPOTE-ERBEN ,

candidate for the office of 11TH JUDICIAL CIRCUIT, MIAMI DADE COUNTY COURT JUDGE, GROUP 30 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X


Signature of Candidate

5-1-25

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

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Candidate/Chairperson:

BETTY

CAPOTE-ERBEN

First Name

Middle Name

Last Name

11TH JUDICIAL CIRCUIT, MIAMI DADE COUNTY COURT JUDGE, GROUP 30

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Office of the Supervisor of Elections' website:



Candidate Qualifying Handbook

(<https://www.miamidade.gov/global/elections/candidate-qualifying-handbook.page>)

Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.



Political Committee Handbook

(<https://www.miamidade.gov/global/elections/political-committee-resources.page>)

Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: _____

Candidate / Chairperson Signature

Date: _____

5-1-25

Primary Telephone Number: _____

305-445-0777

Alternate Telephone Number: _____

N/A

E-mail address: _____

BETTYCAPOTE@ICLOUD.COM



Campaign Treasurer's Report Miami-Dade County Electronic Filing Requirements

☐ Candidate (office sought): 11TH JUDICIAL CIRCUIT, MIAMI DADE COUNTY COURT JUDGE, GROUP 30

Candidate's Florida Voter Registration Number: 109493578

☐ Political Committee: _____

☐ Party Executive Committee: _____

☐ Other: _____

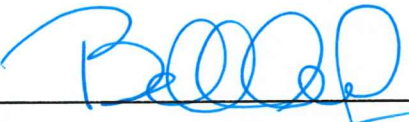
I, BETTY CAPOTE-ERBEN

(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Office of 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 amended in that original signed hard copies 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

5-1-25

Date

Day Time Telephone Number: 305-445-0777

Alternate Contact Number: N/A

Email Address: BETTYCAPOTE@ICLOUD.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.