

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

**RECEIVED**

2019 MAY 24 PM 12:42

MIAMI-DADE  
ELECTIONS

CHECK APPROPRIATE BOX:

Initial Filing for:  Primary Treasurer  Deputy Treasurer

Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

OFFICE USE ONLY

1. Committee  
Committee for Responsibility in Government

2. Telephone  
(305 )647-2666

3. Name of Treasurer or Deputy Treasurer 4. Email (optional)

Gloria Maggiolo

5. Telephone (optional)  
(305 )647-2666

6. Mailing Address  
6619 S. Dixie Highway No. 148, Miami, Florida 33143

7. Street Address  
1 Alhambra Plaza, Suite 1410, Coral Gables, Florida 33134

8. The following bank has been designated as the  Primary Depository  Secondary Depository

9. Name of Bank  
TD Bank

10. Street Address  
255 Alhambra Circle

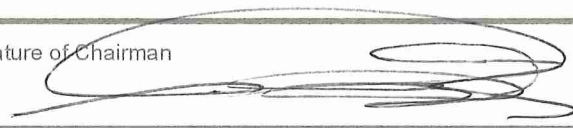
11. City  
Coral Gables

12. State  
Florida

13. Zip Code  
33134

14. Signature of Chairman

X



15. Name of Chairman (Print or Type)  
Francois Illas

**Campaign Treasurer's Acceptance of Appointment**

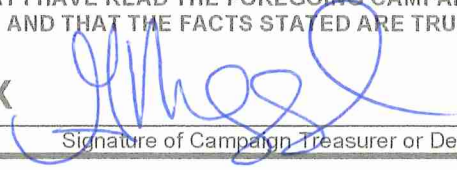
I, Gloria Maggiolo, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Committee for Responsibility in Government  
(Committee)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

05/20/2019

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

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MIAMI-DADE  
ELECTIONS

- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name Francois Illas		Telephone 305-796-6212
Street Address 9101 SW 103 Street		
City Miami	State Florida	Zip Code 33176
Mailing Address 6619 S. Dixie Highway No. 148		
City Miami	State Florida	Zip Code 33143

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.



05/20/2019

Signature of Registered Agent


Date

**Former Registered Agent and Office Information (for changes only)**

Name		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization Committee for Responsibility in Government		
Street Address 122 Camilo Avenue		Telephone 786-445-2434
City Coral Gables	State Florida	Zip Code 33134



Signature of Chairperson

Francois Illas

05/20/2019

Printed Name of Chairperson

Date