

**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

2023 SEP 22 PM 3:06

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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)

Mercedes Librada Rodriguez

3. Address (include post office box or street, city, state, zip code)

P.O. Box 145443  
Coral Gables, FL 33114

4. Telephone

(786) 365-2929

5. Candidate's Voter Registration #:

109255063

(Not required for Qualifying Purposes)

(Not required for Qualifying Purposes) - **Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form):

6. Office sought (include district, circuit, group number)

City of Miami Commission District 1

7. If a candidate for a **nonpartisan** office, check if applicable:

My intent is to run as a Write-In candidate.

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

Mercedes Librada Rodriguez

11. Telephone

(786) 365-2929

12. Mailing Address

P.O. Box 145443 Coral Gables

13. City

Coral Gables

14. State

FL

15. Zip Code

33114

16. I have designated the following bank as my  Primary Depository     Secondary Depository

17. Name of Bank

Seacoast Bank

18. Address

396 Alhambra Circle

19. City

Coral Gables

20. County

Miami-Dade

21. State

FL

22. Zip Code

33134

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.

23. Date

9/22/23

24. Signature of Candidate

Mercedes L. Rodriguez

25. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Mercedes Librada Rodriguez, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer.     Deputy Treasurer.

9/22/23  
Date

Mercedes L. Rodriguez  
Signature of Campaign Treasurer or Deputy Treasurer