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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|-------|------|---------|-------|
| | CITY | OF MALE | ULLIA |

| before opening the campaign accour | | | UFFICE | OF THE CITY CLE | RK OF | FICE | USE ONLY | |
|---|---|-------------|----------------------------|----------------------------|---------------------|---------|------------|--|
| 1. CHECK APPROPRIATE BOX(ES): | | | | or entering | | | | |
| | -filing to Change: | Treasurer/E | Deputy | Depository | Office | | Party | |
| 2. Name of Candidate (in this orde | r: First, Middle, Last) | | | ss (include post offi | ce box or sti | eet, ci | ty, state, | |
| MERCEDES LIBRA | DA RODRIG | | zip code) PO BOX 145443 | | | | | |
| 4. Telephone 5. Cano | didate's Voter Registrati | on #: | CORAL GABLES, FL 33114 | | | | | |
| (786)365-2929 10925 (Not re | es) | | | | | | | |
| (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, ci | ircuit, group number) | | 7. If a ca | ndidate for a <u>non</u> p | oartisan offi | ce, ch | eck if | |
| CITY OF MIAMI COMMISSIO | N DISTRICT 1 | | applic | | | | P. 1 - 1 | |
| 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 Affil | liation | | | | _ Party | cand | idate. | |
| 9. I have appointed the following | 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 | 13. Cit | • | | 14. State | 15. Zip Co | de | | |
| PO BOX 145443 CORAL GAI | | | | FL | 33114 | | | |
| 16. I have designated the following | ıg bank as my | _ | | Depository | Secondary | Depo | sitory | |
| | | | ddress 1 BIRD ROAD | | | | | |
| | 20 County | 0311 | 21. S | | 22 7in Co | do | | |
| 19. City MIAMI | 20. County MIAMI-DADE | | FL | late | 22. Zip Co 33155 | ue | | |
| UNDER PENALTIES OF PERJURY, I DE AND DESIGNATIO | ECLARE THAT I HAVE REAL ON OF CAMPAIGN DEPOSIT | | | | | AIGN TR | EASURER | |
| 23. Date | | 24. Sig | nature of | Candidate | | | 3.1 | |
| 9/30/2023 X Merculo L Rodning | | | | | | | | |
| 25. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | |
| I, MERCEDES LIBRADA RODRIGUEZ (Please Print or Type Name) , do hereby accept the appointment | | | | | | | | |
| designated above as: Campaign Treasurer. Deputy Treasurer. | | | | | | | | |
| | | | | | | | | |
| Date X / Lecuse & Poslingue Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | |
| - Date | | | , | | | | | |

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

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OFFICE OF THE CITY CLERK

| before opening the campaign accour | it. | | | | Ulti | UL EU | OFFIC | CE USE ONLY |
|---|---------------------|-----------|----------|---|----------------|----------|------------------|-----------------|
| CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re- | filing to Change: | т | easurer/ | Deputy | √ Depo: | sitory | Office | Party |
| 2. Name of Candidate (in this order | r: First, Middle, L | _ast) | | 3. Addre | ess (include p | ost offi | ce box or street | t, city, state, |
| MERCEDES LIBRADA RODRIGUEZ PO BOX 145443 | | | | | | | | |
| 4. Telephone 5. Candidate's Voter Registration #: CORAL GABLES, FL 33114 | | | | | 3114 | | | |
| (786)365-2929 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, ci | rcuit, group num | iber) | | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | |
| CITY OF MIAMI COMMISSIO | N DISTRICT | 1 | | applicable: My intent is to run as a Write-In candidate. | | | | |
| | | | | n | | | | |
| 8. If a candidate for a <u>partisan</u> off | ice, check bloc | k and fil | l in nan | ne of par | ty as applica | ble: | My intent is to | run as a |
| ☐ Write-In ☐ No Party Affil | iation | | | | | | _Party ca | andidate. |
| 9. I have appointed the following | person to act a | s my | | Campaig | n Treasurer | | Deputy Treas | urer |
| 10. Name of Treasurer or Deputy Treasurer JEANNINE R. MIRANDA 11. Telephone (305) 445-0777 | | | | | | | | |
| 12. Mailing Address | CLUTE OOO | 13. City | | חרכ | 14. State | | 15. Zip Code | |
| 2600 S DOUGLAS ROAD, SUITE 900 CORAL GABLES FL 33134 16. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | nository | | |
| | g bank as my | | | | Depository | | | pository |
| 17. Name of Bank CITY NATIONAL BANK 18. Address 8311 BIRD ROAD | | | | | | | | |
| 19. City | 20. County | | | | State | | 22. Zip Code | |
| MIAMI | MIAMI-DAD |)E | | FL | | | 33155 | |
| 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. | | | | | | | | TREASURER |
| 23. Date | | | 24. Sig | gnature o | f Candidate | | | |
| 9/29/23 XMe 2 & Row | | | | | | | | |
| 25. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | |
| I, JEANNINE R. MIRANDA , do hereby accept the appointment | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | |
| designated above as: Campaign Treasurer. Deputy Treasurer. | | | | | | | | |
| 92923 X | | | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | |

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NOTE: This form must be on file with the qualifying officer OFFICE OF THE CITY CLERK before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Treasurer/Deputy Depository Re-filing to Change: Office Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) MERCEDES LIBRADA RODRIGUEZ PO BOX 145443 4. Telephone 5. Candidate's Voter Registration #: CORAL GABLES, FL 33114 (786)365-2929 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) 7. If a candidate for a nonpartisan office, check if applicable: CITY OF MIAMI COMMISSION DISTRICT 1 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 candidate. Party 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer 11. Telephone (305) 445-0777 JOSE A. RIESCO CPA 12. Mailing Address 15. Zip Code 13. City 14. State 2600 S DOUGLAS ROAD, SUITE 900 CORAL GABLES FL 33134 16. I have designated the following bank as my V **Primary Depository** Secondary Depository 17. Name of Bank 18. Address CITY NATIONAL BANK 8311 BIRD ROAD 19. City 20. County 21. State 22. Zip Code MIAMI MIAMI-DADE FL 33155 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 24. Signature of Candidate 25. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) JOSE A. RIESCO CPA , do hereby accept the appointment (Please Print or Type Name) Campaign Treasurer. designated above as: Deputy Treasurer.

Signature of Campaign Treasurer or Deputy Treasurer