

**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 OCT -2 PM 12:02

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)

PO 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

PO BOX 145443

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

CITY NATIONAL BANK

18. Address

8311 BIRD ROAD

19. City

MIAMI

20. County

MIAMI-DADE

21. State

FL

22. Zip Code

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

9/30/2023

24. Signature of Candidate

X 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.

9/30/2023

Date

X Mercedes L Rodriguez
Signature of Campaign Treasurer or Deputy Treasurer

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9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

JEANNINE R. MIRANDA

11. Telephone

(305) 445-0777

12. Mailing Address

2600 S DOUGLAS ROAD, SUITE 900

13. City

CORAL GABLES

14. State

FL

15. Zip Code

33134

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23. Date

9/29/23

24. Signature of Candidate

X Mercedes Librada Rodriguez

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.

9/29/23

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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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. Telephone

(305) 445-0777

12. Mailing Address

2600 S DOUGLAS ROAD, SUITE 900

13. City

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23. Date

9/29/23

24. Signature of Candidate

X Mercedes Librada Rodriguez

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

I, **JOSE A. RIESCO CPA**, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer.

Deputy Treasurer.

9/29/2023
Date

X

Signature of Campaign Treasurer or Deputy Treasurer