

**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

2018 FEB -8 PM 4:46

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)
MIGUEL ANGEL GABELA

3. Address (include post office box or street, city, state, zip code)
1701 NW SOUTH RIVER DR.
MIAMI FL 33125

4. Telephone
(305) 310-5958

5. E-mail address
mikegabela@gmail.com

6. Office sought (include district, circuit, group number)
CITY COMMISSIONER 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
JOSE R. SANCHEZ-GRONLIER

11. Mailing Address
122 MINORCA AVE.

12. Telephone
(305) 442-0243

13. City
CORAL GABLES

14. County
MIAMI-DADE

15. State
FL

16. Zip Code
33134

17. E-mail address
josesanchezgronlier@gmail.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank
WELLS FARGO

20. Address
2100 PONCE DE LEON BLVD.

21. City
CORAL GABLES

22. County
MIAMI-DADE

23. State
FL

24. 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.

25. Date
02/08/2018

26. Signature of Candidate

X

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

JOSE R. SANCHEZ=GRONLIER

I, _____, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

02/08/2018

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
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RECEIVED

2018 FEB -9 PM 2:36

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)
Miguel Angel Gabela

3. Address (include post office box or street, city, state, zip code)
1701 nw S. River Dr.
Miami, FL 33125

4. Telephone
(305) 310 5958

5. E-mail address
mikegabela@gmail.com

6. Office sought (include district, circuit, group number)
City Commissioner 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
Miguel Angel Gabela

11. Mailing Address
1701 nw S River Dr

12. Telephone
(305) 310 5958

13. City
Miami

14. County
Miami Dade

15. State
FL

16. Zip Code
33125

17. E-mail address
Mikegabela@gmail.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank
Wells Fargo

20. Address
2100 Ponce De Lean BLVD.

21. City
Coral Gables

22. County
Miami-Dade

23. State
FL

24. 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.

25. Date
2/9/18

26. Signature of Candidate

X

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

I, Miguel Angel Gabela, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

2/9/18

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)
Miguel Angel Gabela

3. Address (include post office box or street, city, state, zip code)
1701 nw S. River Dr.
Miami, FL 33125

4. Telephone
(305) 310 5958

5. E-mail address
mikegabela@gmail.com

6. Office sought (include district, circuit, group number)
City Commissioner 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
Mariela Gabela

11. Mailing Address
1701 nw S River Dr

12. Telephone
(305) 496 9995

13. City
Miami

14. County
Miami Dade

15. State
FL

16. Zip Code
33125

17. E-mail address
marielagabela@gmail.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank
Wells Fargo

20. Address
2100 Ponce De Lean BLVD.

21. City
Coral Gables

22. County
Miami-Dade

23. State
FL

24. Zip Code
33134

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25. Date
2/9/18

26. Signature of Candidate

X

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

Mariela Gabela

I, _____, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer

2/9/18

Date

X

Signature of Campaign Treasurer or Deputy Treasurer