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OFFICE OF THE CITY CLERK CITY OF MIAMI

## 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

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| officer before opening the campaign account.   |                      |            |  |           |   |    |  |  | OFFICE       | USE | ONLY |
|--|----------------------|------------|--|-----------|---|----|--|--|--------------|-----|------|
| 1. CHECK APPROPRIATE BOX(ES):    Initial Filing of Form   Re-filing to Change:   Treasurer/Deputy   Depository   Office   Party  |                      |            |  |           |   |    |  |  |              |     |      |
| Name of Candidate (in this order: First, Middle, Last)     Michael J Goggins   |                      |            |  |           | 3. Address (include post office box or street, city, state, zip code) 701 Brickell Ave                                |    |  |  |              |     |      |
| 4. Telephone   | 5. E-mail address    |            |  |           | Suite 1550  |    |  |  |              |     |      |
| (305 ) 350-2100  | Goggins@elect.miami  |            |  |           | Miami FL 33131  |    |  |  |              |     |      |
| <ol> <li>Office sought (include district, circuit, group number)</li> <li>City of Miami Commissioner District 2</li> </ol>   |                      |            |  |           | 7. If a candidate for a <u>nonpartisan</u> 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 Michael J. Goggins   |                      |            |  |           |   |    |  |  |              |     |      |
| 11. Mailing Address 12. Telephone  |                      |            |  |           |   |    |  |  |              |     |      |
| 701 Brickell Ave, Suite 1550   |                      |            |  |           | ( 305 ) 350-2100  |    |  |  |              |     |      |
| 13. City   | 14. County 15. State |            |  | ate       | 16. Zip Code 17. E-mail address   |    |  |  |              |     |      |
| Miami  | Miami Dade FL        |            |  |           | 33131 Goggins@elect.miami   |    |  |  |              |     |      |
| 18. I have designated the following bank as my  Primary Depository  Secondary Depository   |                      |            |  |           |   |    |  |  |              |     |      |
|  |                      |            |  |           | 20. Address   |    |  |  |              |     |      |
| Bank of America 7  |                      |            |  | 701       | 01 Brickell Ave   |    |  |  |              |     |      |
| 21. City   | 22. County           |            |  | 23. State |   |    |  |  | 24. Zip Code |     |      |
| Miami  |                      | Miami Dade |  |           |   | FL |  |  | 33131        |     |      |
| 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 26. Signature of Candidate  |                      |            |  |           |   |    |  |  |              |     |      |
| July 27, 2022 X  |                      |            |  |           |   |    |  |  |              |     |      |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)   |                      |            |  |           |   |    |  |  |              |     |      |
| I. Michael J. Goggins , do hereby accept the appointment   |                      |            |  |           |   |    |  |  |              |     |      |
| (Please Print or Type Name)  |                      |            |  |           |   |    |  |  |              |     |      |
| designated above as:   Campaign Treasurer Deputy Treasurer.  |                      |            |  |           |   |    |  |  |              |     |      |
| July 27, 2022 X  |                      |            |  |           |   |    |  |  |              |     |      |
| Date Signature of Campaign Treasurer or Deputy Treasurer   |                      |            |  |           |   |    |  |  |              |     |      |

Rule 1S-2.0001, F.A.C.