

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

2023 FEB -9 PM 4:47

OFFICE OF THE CITY CLERK  
CITY OF MIAMI

NOTE: This form must be on file with the qualifying 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

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 DRIVE  
MIAMI FL 33125

4. Telephone

( 305 ) 310-5958

5. E-mail address

gabela4commissioner@gmail.com

[REDACTED] 216  
(TWO ADJOINING LOTS)

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

CITY OF MIAMI 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 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

TRUIST

20. Address

201 ALHAMBRA CIRCLE

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

2/9/23

26. Signature of Candidate

X

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

I, JOSE SANCHEZ-GRONLIER, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

02/09/2023

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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**MIGUEL ANGEL GABELA**

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

1701 NW SOUTH RIVER DRIVE  
MIAMI FL 33125

**4. Telephone**

( 305 ) ~~310-5958~~

**5. E-mail address**

~~gabela4~~ gabela4commissioner@gmail.com

(TWO ADJOINING LOTS)

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Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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**10. Name of Treasurer or Deputy Treasurer**

MIGUEL ANGEL GABELA

**11. Mailing Address**

1701 NW SOUTH RIVER DRIVE

**12. Telephone**

( 305 ) 545-0649

**13. City**

MIAMI

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33125

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gabela4commissioner@gmail.com

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**25. Date**

2/9/23

**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.

2/9/23  
Date

X

Signature of Campaign Treasurer or Deputy Treasurer