APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)				RECEIVED 2023 FEB -9 PH 4: 47							
(PLEASE PRINT OR TYPE)				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)					3. Address (include post office box or street, city, state, zip						
MIGUEL ANGEL GABELA				CODE) 1701 NW SOUTH RIVER DRIVE							
4. Telephone 5. E	E-mail address		M	IAMI FL	(B.O.OWIE)	- 9-76					
4. Telephone 5. E-mail address ( 305 gabela4commissioner@gmail.com											
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if											
CITY OF MIAMI COMMISSIONER DISTRICT 1 applicable:											
						My intent is to	o run a	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 X No Party Affiliation to 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						12. Telephone					
122 MINORCA AVE.				(305)442-0243							
	4. County										
CORAL GABLES	1IAMI-DADE	FL	33134 josesanchezgronlier@gmail.com				onlier@gmail.com				
18. I have designated the follo	wing bank as my	X	] Pr	rimary	Depository		Secor	ndary Depository			
				20. Address 201 ALHAMBRA CIRCLE							
21. City 22. County				23. State				24. Zip Code			
CORAL GABLES MIAMI-DADE				FL				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 26. Signature Candidate											
2 9 23				XA							
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: X Campaign Treasurer. Deputy Treasurer.											
02/09/2023 X h											
Date Signature of Campaign Treasurer or Deputy Treasurer											
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DS-DE 9 (Rev. 10/10)

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

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(Section 106.021(1), F.S.)			2023 FEB -9 PH 4: 47							
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1. CHECK APPROPRIATE I										
Initial Filing of Form	Re-filing to Change		-	er/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						
4. Telephone 3 10 - 5958 5. E-mail address gabela4commissioner@gmail.com (305) (Two Adjoining Lots)										
6. Office sought (include district, circuit, group number)       7. If a candidate for a nonpartisan office, check if applicable:         CITY OF MIAMI COMMISSIONER 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 K-No Party Affiliation M										
9. I have appointed the follo	owing person to act as	s my		Campaign Tre	asurer 🗙	Depu	ty Treasure	er		
10. Name of Treasurer or Deputy Treasurer MIGUEL ANGEL GABELA										
11. Mailing Address				12. Telephone						
1701 NW SOUTH RIVER DRIVE				( 305 ) 545-0649						
13. City MIAMI	14. County MIAMI-DADE	15. Sta FL					ommissioner@gmail.com			
18. I have designated the fo	Primary Depository   Secondary Depository					sitory				
19. Name of Bank TRUIST	20. Address 201 ALHAMBRA CIRCLE									
21. City CORAL GABLES	22. County MIAMI-DAD	DE		23. State FL			24. Zip Co 33134	ode		
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.										
alclos			26. Signature of Candidate							
		ointment		the blanks and	check the app	ropriat	e block)			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, MIGUEL ANGEL GABELA , do hereby accept the appointment							ntment			
(Please Print or Type Name)										
designated above as: Campaign Treasurer. X Deputy Treasurer.										
2/8/2	3	X	/	1						
Date Signature of Campaign Treasurer or Deputy Treasurer Rule 1S-2.0001, F.A.C.										
DS-DE 9 (Rev. 10/10)			/			4	Rule 13-2.	0001, F.A.C.		

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