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

DS-DE 9 (Rev. 10/10)

CITY OF CORAL GABLES RECEIVED BY THE OFFICE OF THE OFFICE OF THE CITY CLERK

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

2020 NOV 02

officer before opening the	campa	aign account.	yg		Autoria i	6	OFFICE USE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form	- C - C - C - C - C - C - C - C - C - C	S): -filing to Change	: 🔀 Tre	asurer/Deputy] Deposito	ry 🗆	Office	Party
Name of Candidate (in this order: First, Middle, Last) Rhonda Anne Anderson 5. E-mail address				3. Address (include post office box or street, city, state, zip code) 2715 Hernando Street Coral Gables, FL 33134				
4. Telephone (305) 567-3004 r								
6. Office sought (include dis Commission, Group II	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 partis	san off	ice, check block	cand fill ir	name of party as	applicable	: My inte	ent is to run as a	5 X3 : 1
☐ Write-In ☐ No Party Affiliation ☐Party candida								
9. I have appointed the foll	owing	person to act as	s my	Campaign Trea	surer 🔲	Deput	y Treasurer	
10. Name of Treasurer or De Jose A. Riera	puty T	reasurer				•		
11. Mailing Address 425 Sevilla Ave	i a pa					12. Telep	ohone 970-7209	
13. City Coral Gables	14. County Miami-Dade		15. State	16. Zip Code 33134	100 to	ail address Prieraassociates.com		
18. I have designated the fe	ollowir	ng bank as my	\boxtimes	Primary Deposito	ry 🔲	Seconda	ry Depository	
19. Name of Bank City National Bank of Flo	orida			0. Address 855 LeJeune Ro	ad			96
21. City		22. County		23. State		2	24. Zip Code	
Coral Gables	a bi	Miami-Dade		Florida		Again to his	33134	er et e
UNDER PENALTIES OF PERJURY DESIG	r, I DEC	LARE THAT I HAVE OF CAMPAIGN DEI	READ THE F	OREGOING FORM FO	R APPOINTM STATED IN IT	ENT OF CA ARE TRUE	MPAIGN TREASUR	ER AND
25. Date November <u>2</u> , 2020			2	6. Signature of Can	ididate	/ 10 No.		1
27. Treasurer	's Acc	eptance of Appo	ointment (f	ill in the blanks and	check the a	appropriat	e block)	
I, Jose A. Riera (Please Print or Type Name)				, do hereby accept the appointment				
			•		,			
designated above as: November 2	<u>×</u> ا 20: ,		reasurer	Deputy Tre	easurer.	the grant of the state of the s		
Date		TERMINE DE	/	gnature of Campaig	gn Treasure	r or Depu	ty Treasurer	