

CITY OF CORAL GABLES  
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**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.**

**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)  
ALEX BUCELO

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

4251 SALZEDO STREET  
UNIT PH 13  
CORAL GABLES, FL 33146

4. Telephone  
(305 ) 442-1942

5. E-mail address  
alexbucelo@yahoo.com

6. Office sought (include district, circuit, group number)  
CITY OF CORAL GABLES COMMISSIONER, GROUP 3

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 A. RIESCO, CPA

11. Mailing Address  
2600 SOUTH DOUGLAS ROAD, SUITE 900

12. Telephone  
( 305 ) 445-0777

13. City  
CORAL GABLES

14. County  
MIAMI-DADE

15. State  
FL

16. Zip Code  
33134

17. E-mail address  
jose@riescoandcompany.com

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

19. Name of Bank  
CITY NATIONAL BANK

20. Address  
2855 S. LEJEUNE ROAD

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  
2-9-2021

26. Signature of Candidate  
X *afBucelo*

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

I, JOSE A. RIESCO, CPA, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

2-8-2021  
Date

X *[Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer