

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

CITY OF CORAL GABLES  
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**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)  
VINCE LAGO

**3. Address** (include post office box or street, city, state, zip code)  
2600 S DOUGLAS ROAD, SUITE 900  
CORAL GABLES, FL 33134

**4. Telephone**  
(305 ) 445-0777

**5. E-mail address**  
VINCELAGO@YAHOO.COM

**6. Office sought** (include district, circuit, group number)  
CITY OF CORAL GABLES, MAYOR

**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**  
JEANNINE R. MIRANDA

**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**  
jen@riescoandcompany.com

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

**19. Name of Bank**  
REGIONS BANK

**20. Address**  
2800 PONCE DE LEON BLVD

**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**  
*12/13/21*

**26. Signature of Candidate**  
 *[Signature]*

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

I, JEANNINE R. MIRANDA, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

*12/13/21*  
Date

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