

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2022
 COUNTY CLERK'S OFFICE
 FEB 21 AM 9:43

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICIAL USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
LAGO, VINCE

MAILING ADDRESS :
5200 SAN AMARO DRIVE

CITY : CORAL GABLES ZIP : 33146 COUNTY : MIAMI-DADE

NAME OF AGENCY :
CITY OF CORAL GABLES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
CITY OF CORAL GABLES MAYOR

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
BDI CONSTRUCTION CO	7270 NW 12 Street #200 Miami, FL 33126	Construction, Mgmt. Design
VICENTE C LAGO, PA	5200 San Amaro Dr, Coral Gables FL 33146	Commercial Real Estate

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions)
(If you have nothing to report, write "none" or "n/a")

CITY CLERK'S OFFICE
2023 FEB 21 09:44

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
SEE ATTACHMENT	

PART E — LIABILITIES (Major debts - See instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
SEE ATTACHMENT	

PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	N/A	N/A
ADDRESS OF BUSINESS ENTITY	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:

2/21/23

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

VINCE LAGO

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2022

PART D

TYPE OF INTANGIBLE PERSONAL PROPERTY

100% COMMON STOCK

50% MEMBERSHIP INTEREST

33% MEMBERSHIP INTEREST

50% MEMBERSHIP INTEREST

CHECKING AND SAVINGS ACCOUNTS - BANK OF AMERICA, PO BOX 25118, TAMPA, FL, 33622-5118

WHOLE LIFE INSURANCE POLICY - MASS MUTUAL LIFE INSURANCE COMPANY, SPRINGFIELD, MA, 01111-0001

RETIREMENT ACCOUNT - CITY OF CORAL GABLES, 405 Biltmore Way, Coral Gables, FL 33134

AUTOMOBILE, LEASED - 2022 MERCEDES BENZ, EQV

ENTITY TO WHICH PROPERTY RELATES

VICENTE C. LAGO, PA, 5200 SAN AMARO DRIVE, CORAL GABLES, FL, 33146,

VT & C HOLDINGS LLC, 7270 NW 12 STREET #200, MIAMI, FL 33126

BDI HOLDINGS LLC, 7270 NW 12 STREET, UNIT 200, MIAMI, FL 33126

HAMMER LAKE LLC, 4300 SW 73 AVENUE, #101, MIAMI, FL 33155

VICENTE C. LAGO

VICENTE C. LAGO

VICENTE C. LAGO

VICENTE C. LAGO

PART E

TYPE OF LIABILITIES

HOME MORTGAGE AND HOME EQUITY LINE, CITY NATIONAL BANK, 1 CORPORATE DRIVE, SUITE 360, LAKE ZURICH, IL, 60047-8945

AUTO LEASE, MERCEDES BENZ FINANCIAL, PO BOX 5209, CAROL STREAM, IL 60197-5209

VICENTE C. LAGO

VICENTE C. LAGO

FORM 1X AMENDMENT TO STATEMENT OF FINANCIAL INTERESTS

CITY CLERK'S OFFICE
2023 MAY 24 PM 4:55

LAST NAME - FIRST NAME - MIDDLE NAME
(Same as on original Form 1):

LAGO, VINCE

MAILING ADDRESS:

5200 SAN AMARO DRIVE

CITY: ZIP: COUNTY:

CORAL GABLES 33146 MIAMI-DADE

◆ THIS FORM AMENDS THE (Choose one)

FORM 1 I FILED FOR THE YEAR: 2022
(Use a separate Form 1X for each Form 1 you are amending.)

FORM 1F I FILED FOR THE PERIOD
January 1, _____ THROUGH _____
(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: CITY OF CORAL GABLES MAYOR

◆ WITH THIS GOVERNMENTAL AGENCY: CITY OF CORAL GABLES

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR **DOLLAR VALUE THRESHOLDS**

PART A – PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

PART B – SECONDARY SOURCES OF INCOME
[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C – REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

SEE ATTACHMENT

PART D – INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES (Major debts - See Instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See Instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

PART H — EXPLANATION OF CHANGES

THE FORM 1 IS BEING HEREBY AMENDED TO PROPERLY DISCLOSE THE OWNERSHIP INTEREST IN THE TWO DIFFERENT ENTITIES HOLDING REAL ESTATE.

IF ANY OF PARTS A THROUGH H ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:

Date Signed:

5/24/23

GPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, JOSE A. RIESCO, CPA, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature

Date Signed 5/24/2023

FILING INSTRUCTIONS:

Return the form to the location where you filed the Form 1 or 1F that you are seeking to amend.

Local officers file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. It will be returned.

State officers or specified state employees' who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method.

Candidates should have filed their Form 1 together with their qualifying papers.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Bldg E, Ste 200, Tallahassee, FL 32303; telephone (850) 488-7864.

VINCE LAGO	
FORM 1X	
AMENDMENT TO STATEMENT OF FINANCIAL INTERESTS	
2022	
PART C	
TYPE OF REAL PROPERTY	ENTITY TO WHICH PROPERTY RELATES
40% MEMBERSHIP INTEREST	1424 PONCE LLC, 1200 BRICKELL AVENUE, #1480, MIAMI, FL 33131
40% MEMBERSHIP INTEREST	211 MEMORIES LLC, 1200 BRICKELL AVENUE, #1480, MIAMI, FL 33131

**CANDIDATE OATH
NONPARTISAN OFFICE**

CITY CLERK'S OFFICE
2023 FEB 21 AM 9:44

OFFICE USE ONLY

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, **VINCE LAGO**

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of **CITY OF CORAL GABLES MAYOR**

(Office)

(District #)

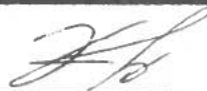
1 ; I am a qualified elector of **Miami-Dade** County Florida
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes, and I will support the Constitution of the United States and the Constitution of the State of Florida

Candidate's Florida Voter Registration Number (located on your voter information card) **109765741**

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): *[Not applicable to write-in candidates.]*

v ih n s L AA g oh

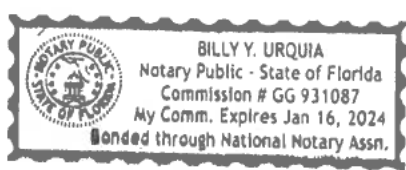
X  (305) 303-0115 vincelago@yahoo.com
Signature of Candidate Telephone Number Email Address

5200 SAN AMARO DRIVE CORAL GABLES FL 33146
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade


Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 21st day of February, 2023
Personally Known OR Produced Identification
Type of Identification Produced _____



Vince Lago Bio

Vince C. Lago was elected Mayor of the City of Coral Gables in April 2021 in a decisive victory. Mayor Lago is the youngest elected in the city's history to hold this office.

Prior to his election, he served as City Commissioner for eight years holding the post of Vice Mayor from 2019 to 2021.

Throughout the years, the Mayor has dedicated his time to South Florida civic and philanthropic causes where he has held various leadership roles. A former member of the Coral Gables Planning and Zoning Board, he brings a reasonable and creative approach to land use remaining committed to preserving Coral Gables' unique character and history while placing the interests of residents first. During his tenures, Mayor Lago has spearheaded numerous legislative initiatives and has led the City's sustainability efforts.

Previously, he served on the Board of Directors of the Coral Gables Community Foundation where he worked to promote and enhance the quality of life for residents. He also assisted in raising funds to help the elderly, youth, and disabled population in the community.

A strong proponent of arts and culture, he has served on the board of Locust Projects for more than 10-years, a non-profit contemporary art organization that supports emerging and mid-career artists. He also served on the City of Miami's Arts and Entertainment Council. Additionally, he is on the Board of Directors of the Coral Gables Museum.

He holds a Master's in Construction Management from the School of Engineering at Florida International University (FIU) as well as a bachelor's in Business Administration.

An advocate of advancing the region's planning and transportation needs and enhancing energy conservation, in 2017 he was appointed to represent Coral Gables on the board of the Miami-Dade Transportation Planning Organization. Since 2019 he has served on the Junior League of Miami Community Advisory Board where he provides insight and expertise on important community advocacy projects.

In December 2021, Mayor Vince Lago was elected Vice Chair of the Biscayne Bay Watershed Management Advisory Board. The Biscayne Bay Watershed Management Advisory Board provides advice on the long-term management of Biscayne Bay, health of the marine community, run-off and other effects to water quality, marine debris, education and outreach, and economic development while

ensuring the vitality of Biscayne Bay and taking note of how conditions in Biscayne Bay may affect residents and property owners.

In 2021, the City Commission appointed Mayor Lago as the City's liaison to the Business Improvement District.

He is an executive at a renowned management and design firm focused on commercial construction projects specializing in medical and educational facilities.

He resides in Coral Gables with his wife Olga Mari Saizarbitoria and daughters Mirentxu and Catalin.

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

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

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE
2023 FEB 21 AM 9:45

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

2021 DEC 14 PM 1:31

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

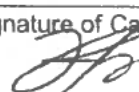
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

12/13/21

26. Signature of Candidate

X



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

X

Signature of Campaign Treasurer or Deputy Treasurer

**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.

CITY CLERK'S OFFICE
2023 FEB 21 AM 9:45

CITY OF CORAL GABLES
RECEIVED BY THE CLERK

2021 DEC 14 PM 1:31

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
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
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

X 

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.

12/14/2021

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

2023 GENERAL BIENNIAL ELECTION
DECLARATION OF CANDIDATE INTENT,
QUALIFIED ELECTOR AND RESIDENCY AFFIRMATION

State of Florida

County of Miami-Dade

City of Coral Gables

I, Vince Lago a qualified elector and resident of Coral Gables

declare that I have been a continuous Coral Gables resident for at least a year proceeding the qualifying period.

I further declare that I am a candidate for City of Coral Gables Mayor
(Office) (Group Number)

in the General Biennial Election of 4/11/2023, and I do hereby file my intent to run in
(Month/Date/Year)

said election, and to pay the required qualification fee and election assessment in connection with same. (Attach proof of residency and qualified elector documentation).

UNDER PENALTIES OF PERJURY, I HEREBY DECLARE THAT I HAVE READ THE FOREGOING DECLARATION OF INTENT FORM AND THAT THE FACTS STATED ARE TRUE.


SIGNATURE

2/21/23
DATE

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

CITY CLERK'S OFFICE
2023 FEB 21 AM 9:45

CITY OF CORAL GABLES
OFFICE USE ONLY
OFFICE OF THE CLERK

2021 DEC 14 PM 1:31

I, VINCE LAGO,

candidate for the office of CITY OF CORAL GABLES, MAYOR;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

12/13/21

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

VINCE LAGO CAMPAIGN ACCOUNT
2600 South Douglas Road, Ste. 900
Coral Gables, FL 33134

Regions Bank
Coral Gables, FL
63-466/631

0114

2/20/2023

PAY TO THE ORDER OF City of Coral Gables

\$**649.05

Six Hundred Forty-Nine and 05/100***** DOLLARS

City of Coral Gables



MEMO
Qualifying Fee - Mayor, 2023 Election



[Signature]

VINCE LAGO CAMPAIGN ACCOUNT

0114

City of Coral Gables

Qualifying Fee - Mayor, 2023 Election 2/20/2023

649.05

CITY CLERK'S OFFICE
2023 FEB 21 AM 9:47

Regions

City of Coral Gables
City Clerk
(305) 460-5351

019816-0001 Susan D. 02/21/2023 09:36AM

CITY CLERK

Payment Tran Code: City Clerk (CITYCLERK)

Description: Qualifying City Clerk (CITYCLERK)

2022 Item: CITYCLERK City Clerk (CITYCLERK)

649.05

649.05

Subtotal

649.05

Total

649.05

CHECK

649.05

Check Number 0114

Change due

0.00

Paid by: Vince Lago Campaign

CUSTOMER COPY

649.05