## **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

SOS3 UNC SO WIT:28 CITY CLERK'S OFFICE

officer before opening the campaign account.					OFFICE USE ONLY								
1. CHECK APPROPRIATE BOX(ES):													
	Re-	filing to Change:	□ T <sub>1</sub>	reasu	rer/Dep	uty 🔲	Depositor	у 🗆	Office		Party		
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip								
VINCE LAGO				code) 2600 S DOUGLAS ROAD, SUITE 900									
4. Telephone	. Telephone 5. E-mail address					CORAL GABLES, FL 33134							
(305 ) 445-0777 VINCELAGO@YAHOO.COM													
6. Office sought (include district, circuit, group number)  7. If a candidate for a nonpartisan office, check if										k if			
CITY OF CORAL GABLES, MAYOR						applicable:  My intent is to run as a Write-In candidate.							
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a													
Write-In No Party AffiliationParty candidate.													
9. I have appointed the following person to act as my													
10. Name of Treasurer or Deputy Treasurer													
JOSE A. RIESCO, CPA													
11. Mailing Address					12. Telephone								
2600 SOUTH DOUGLAS ROAD, SUITE 900					( 305 ) 445-0777								
13. City CORAL GABLES	14. County MIAMI-DADE		15. State FL		16. Zij	Zip Code 17. E-mail address							
18. I have designated the following bank as my													
19. Name of Bank 20. Address													
REGIONS BANK 21. City 22. County				2800 PONCE DE LEON BLVD 23. State					24. Zip Code				
CORAL GABLES	·		=		FL 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 0/2/2-7					26. Signature of Candidate								
0128125					X STA								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
I, JOSE A. RIESCO, CPA , do hereby a							ebv accer	ot the app	ointmei	nt			
(Please Print or Type Name)													
designated above as: Campaign Treasurer Deputy Treasurer.													
6/28/23 X													
Date Signature of Campaign Treasurer or Deputy Treasurer													