| APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) | | 2024 JBN 20 PHICE CITY CLERK'S OFFICE | | | | | | |
|--|--------------------------|--|---|---|--------------------------|------------------------------|------------|----------------|
| (PLEASE PRINT OR TYPE) | | | | | | | | |
| NOTE: This form must be on file with the qualifying officer before opening the campaign account. | | | | | | | OFFIC | E USE ONLY |
| 1. CHECK APPROPRIATE BOX(ES): | | | | | | | | |
| Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party | | | | | | | | |
| Name of Candidate (in this order: First, Middle, Last) Kirk R. Menendez Telephone E-mail address | | | 3. Address (include post office box or street, city, state, zip code) 11120 N. Kendall Drive, Suite 200 | | | | | |
| | | | Miami, Florida 33176 | | | | | |
| | kmenendez@hotmail. | | | | | | | |
| 6. Office sought (include district, circuit, group number) City of Coral Gables Commissioner, Group 3 | | | | 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 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 Party Candidate | | | | | | | | |
| 9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🗌 Deputy Treasurer | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer Justin Puente | | | | | | | | |
| 11. Mailing Address | | | 12. Telephone | | | | | |
| 11120 N. Kendall Drive, Suite 2 | | | | 00 (305) 273-8008 | | | | |
| 13. City Miami | 14. County Miami-Dade | 15. Stat Fla. | | Zip Code 176 | 17. E-mail ac justin@ | ail address n@cpscpas.com | | |
| 18. I have designated the following bank as my | | | | | | | | |
| 19. Name of Bank PNC Bank | | | 20. Address 2728 Ponce De Leon Blvd. | | | | | |
| 21. City 22. County | | | 23. State | | | | 24. Zip C | ode |
| Coral Gables Miani-Dade | | e | Florida | | | | 331 | 34 |
| 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 | | | 26. Signature of Candidate | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | |
| I, Justin Puente | | | | | do hereby | / accen | t the anno | intment |
| , do hereby accept the appointment (Please Print or Type Name) | | | | | | | | mariefit |
| designated above as: | | | | | | | | |
| Date X Myh Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | |
| DS-DE 9 (Rev. 10/10) | Defect | | Signature | or Campaig | In Lijeasurer o | | | er 0001 FAC |