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 filing officer before opening the campaign account.

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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 of		. Address (include PO Box or Street, City, State, Zip Code):						
(Please Print o Richard Lara	V Com	a/V	Vay					
			Coral Gables, FL 33134					
4. Telephone:	Registration #: 6. Email Address:							
(35) 753-8657 (not required for qualifying purpose				es)				
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the if applicable:							office, check the box	
Commisioner, Group III, City of Coral Gables				☐ I intend to run as a Write-In Candidate.				
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a								
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ Party candidate.								
10. I have appointed the following person to act as my:								
11. Name of Treasurer or Deputy Treasurer:			12. Telephone:			13. Email Address:		
Carlos M. Trueba			(305) 529-5440 rguzman@gemrtcpa.com					
14. Mailing Address:		15. City			16. St	ate:	17. Zip Code: 33134	
2600 S Douglas Road Suite 800								
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository								
19. Name of Bank: Ocean Bank			20. Address: 780 NW 42 Ave					
		22. County:		23. State: FL		24. Zip Code:		
Miami			Miami-Dade				33126	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.								
25 Date: Q/26/2024			26. Signature of Candidate:					
25. Date: 27.	•			X fellal jan				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
ARLOS M. TRUEDA do hereby accept the appointment designated above as:								
do hereby accept the appointment designated above as: (Please Print or Type Name)								
🔀 Campaign Treasurer.				Deputy Treasurer.				
28. Date: 2 76 24			29. Signature of Campaign Treasurer or Deputy Treasurer					
			X Cycles					
DS-DE 9 (Rev. 09/23) Rule 1S-2.0001, F.A.C.								