## 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 RECEIVED BY THE OFFICE OF THE CITY CLERK

2019 SEP -5 PM 3: 06

officer before opening the campaign account.			OFFICE USE ONLY									
1. CHECK APPROPRIATE BOX(ES):												
	Re-filing to Change	:T	reasur	er/Deputy		] Depository		Office		Party		
2. Name of Candidate (in this order: First, Middle, Last)			Address (include post office box or street, city, state, zip code)									
VINCE LAGO			2600 S DOUGLAS ROAD, SUITE 900									
4. Telephone	5. E-mail address			CORAL GABLES, FL 33134								
(305 ) 445-0777	) 445-0777 VINCELAGO@YAHOO.CC											
6. Office sought (include d	7. If a candidate for a <u>nonpartisan</u> office, check if											
CITY OF CORAL GABLES, MAYOR				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 AffiliationParty candidate.										÷., *		
9. <b>I have appointed the following person to act as my</b> Campaign Treasurer 🔀 Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer												
JEANNINE R. MIRANDA												
11. Mailing Address				12. Telephone								
2600 SOUTH DOUGLAS ROAD, SUITE 900				( 305 ) 445-0777								
13. City CORAL GABLES	14. County MIAMI-DADE			e 16. Zip Code 17. E-mail address 33134 jen@riescoandcompany.com								
18. I have designated the following bank as my Primary Depository Secondary Deposit												
19. Name of Bank REGIONS BANK				20. Address 2800 PONCE DE LEON BLVD								
21. City 22. County			2000	23. St		LEON BLV	24. Zip Code					
CORAL GABLES MIAMI-DADE		=		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 26. Signature of Candidate												
9/5/19				X Th								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I,												
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
q s iq $x$												
Date Signature of Campaign Treasurer or Deputy Treasurer												