				<i>n</i> .,) ę.,				
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES		RER		20	RECEIV	was but	. 2		
(Section 106.021(1), F.S.)			2023 FEB -1 PM 3: 42						
(PLEASE PRINT OR TYPE)			CITY OF MIAMI BEACH OFFICE OF THE CITY CLERK						
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):									
X Initial Filing of Form	Re-filing to Change:	🗌 Tre	easurer/D	eputy	Depository		Office	Party	
2. Name of Candidate (in this order: First, Middle, Last) Michael "Mike" Grieco				3. Address (include post office box or street, city, state, zip code) 1688 Meridian Avenue #900					
4. Telephone 5. E-mail address				Beach, F	L 33139				
(305) 8570034 ^m	nike@mike-grieco.co	om							
6. Office sought (include dis			didate for a <u>no</u>	onpartis	san office	e, check if			
Miami Beach 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. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer Michael "Mike" Grieco									
11. Mailing Address 1688 Meridian Avenue, #900				12. Telephone (305)897-0034					
13. City Miami Beach	ate 16. Zip Code 17. E-mail address 33139 mike@mike-grieco.com								
18. I have designated the following bank as my I Primary Depository I Secondary Depository									
19. Name of Bank 20. Address									
CITY NATIONAL BA	8311	Su U	O STREET						
21. City	22. County			23. State	72		24. Zip C		
MIAM	MIAMA -D						3315		
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 2/1/23				26. Signature of Candidate					
				Xm					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I,, do hereby accept the appointment									
(Please Print or Type Name)									
designated above as: Campaign Treasurer. Deputy Treasurer.									
2/1/23 X									
Date Signature of Campaign Treasurer or Deputy Treasurer									
DS-DE 9 (Rev. 10/10)	Print		Re	eset		F	Rule 1S-2	2.0001, F.A.C.	