| APPOINTMENT OF CAMPAIGN TREASURER<br>AND DESIGNATION OF CAMPAIGN   |                          |               | RECEIVED                           |  |            |                |                         |                             |  |
|--|--------------------------|---------------|------------------------------------|--|------------|----------------|-------------------------|-----------------------------|--|
|  |                          |               | 2023 HAR - 1 AM 10: 38             |  |            |                |                         |                             |  |
| DEPOSITORY FOR CANDIDATES  |                          |               | CITY OF MIAMI BEACH                |  |            |                |                         |                             |  |
| (Section 106.021(1), F.S.)   |                          |               |                                    |  | QFFI       | CE OF THE CI   | IY CLE                  | nn<br>N                     |  |
| (PLEASE PRINT OR TYPE)   |                          |               |                                    |  |            |                |                         |                             |  |
| NOTE: This form must be on file with the qualifying officer before opening the campaign account.   |                          |               | OFFICE USE ONLY                    |  |            |                |                         |                             |  |
| 1. CHECK APPROPRIATE BOX(ES):         X         Initial Filing of Form         Re-filing to Change:         Treasurer/Deputy         Depository         Office         Party   |                          |               |                                    |  |            |                |                         |                             |  |
| 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip  |                          |               |                                    |  |            |                |                         | reet, city, state, zip      |  |
| ANDRES ASION   |                          |               |                                    | code)<br>1000 S POINTE DRIVE, APT 2204                           |            |                |                         |                             |  |
| 4. Telephone 5   | . E-mail address         |               | MIAMI BEACH, FL 33139              |  |            |                |                         |                             |  |
|  | NDRES@ANDRESASI          |               | VI                                 |  |            |                |                         |                             |  |
| 6. Office sought (include district, circuit, group number)7. If a candidate for a nonpartisan office, check ifCITY OF MIAMI BEACH COMMISSIONER GROUP 5applicable:  |                          |               |                                    |  |            |                |                         | <u>san</u> office, check if |  |
| What is to run as a Write-In cancel of the second s |                          |               |                                    |  |            |                | s 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  |                          |               |                                    |  |            |                |                         |                             |  |
| 9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🗌 Deputy Treasurer  |                          |               |                                    |  |            |                |                         |                             |  |
| 10. Name of Treasurer or Deputy Treasurer ANTHONY FIORE  |                          |               |                                    |  |            |                |                         |                             |  |
| 11. Mailing Address  |                          |               |                                    | 12. Telephone  |            |                |                         | elephone                    |  |
| 2100 SALZEDO STREET, STE 200   |                          |               |                                    | ( 305 ) 438-6528   |            |                |                         | 5) 438-6528                 |  |
| 13. City<br>CORAL GABLES   | 14. County<br>MIAMI-DADE | 15. Sta<br>FL | ate                                | te 16. Zip Code 17. E-mail address<br>33134 ANTHONY@FIORECPA.COM |            |                |                         | IORECPA.COM                 |  |
| 18. I have designated the fo   | llowing bank as my       | $\geq$        | P                                  | rimary   | Depository | /              | Secor                   | ndary Depository            |  |
| 19. Name of Bank<br>CITY NATIONAL BANK   |                          |               | 20. Address<br>8311 SW 40 STREET   |  |            |                |                         |                             |  |
| 21. City 22. County  |                          |               |                                    |  | 23. State  |                |                         | 24. Zip Code                |  |
| MIAMI MIAMI-DADE   |                          |               | FL 331                             |  |            | 33155          |                         |                             |  |
| 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         |  |            |                |                         |                             |  |
| 31/23  |                          |               | X                                  |  |            |                |                         |                             |  |
| 27. <b>Treasurer's Acceptance of Appointment</b> (fill in the blanks and check the appropriate block)  |                          |               |                                    |  |            |                |                         |                             |  |
| ANTHONY FIORE  |                          |               | , do hereby accept the appointment |  |            |                |                         |                             |  |
| (Please Print or Type Name)  |                          |               |                                    |  |            |                |                         |                             |  |
| designated above as:   | 🗙 Campaign Tre           | easurer.      |                                    |  | Deputy Tr  | easurer.       |                         |                             |  |
| 3/1/2023   |                          | X             |                                    |  | X          |                |                         |                             |  |
| Date   |                          |               | Sign                               | nature   | ot Campaig | gn Treasurer ( | or Depu                 | ity Freasurer               |  |