

**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 qualifying officer before opening the campaign account.

**RECEIVED**

**2017 AUG -1 AM 9:51**

**CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK**

**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 order: First, Middle, Last)  
Michael Grieco

**3. Address** (include post office box or street, city, state, zip code)

**4. Telephone**  
(305 ) 857-0034

**5. E-mail address**  
mike@mike-grieco.com

7144 Byron Ave  
Miami Beach FL 33141

**6. Office sought** (include district, circuit, group number)

City Commissioner Group 2

**7. If a candidate for a nonpartisan 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.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**  
Michael Grieco

**11. Mailing Address**  
7144 Byron Ave

**12. Telephone**  
( 305 ) 857-0034

**13. City**  
Miami Beach

**14. County**  
Miami-Dade

**15. State**  
FL

**16. Zip Code**  
33141

**17. E-mail address**  
mike@mike-grieco.com

**18. I have designated the following bank as my** ☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**  
Sabadell United Bank

**20. Address**  
1501 Alton Road

**21. City**  
Miami Beach

**22. County**  
Miami-Dade

**23. State**  
FL

**24. Zip Code**  
33139

**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**

8/1/17

**26. Signature of Candidate**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Michael Grieco, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

8/1/17

Date

X



Signature of Campaign Treasurer or Deputy Treasurer