

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

4306

APR 5 '19 4:22PM

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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)

OSCAR DE LA ROSA

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

765 WEST 76 STREET
HIALEAH, FL 33014

4. Telephone

(305) 306-9055

5. E-mail address

oscar@lasartelaw.com

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

HIALEAH CITY COUNCIL, SEAT #4

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

OSCAR DE LA ROSA

11. Mailing Address

765 WEST 76 STREET

12. Telephone

(305) 306-9055

13. City

HIALEAH

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33014

17. E-mail address

oscar@lasartelaw.com

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

19. Name of Bank

CITY NATIONAL BANK

20. Address

5410 WEST 16 AVENUE

21. City

HIALEAH

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

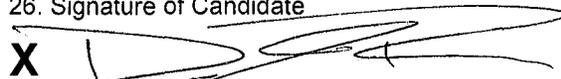
33012

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

4/5/19

26. Signature of Candidate



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

I, OSCAR DE LA ROSA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/5/19

Date



Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
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2. Name of Candidate (in this order: First, Middle, Last)
OSCAR DE LA ROSA

3. Address (include post office box or street, city, state, zip code)
765 WEST 76 STREET
HIALEAH, FL 33014

4. Telephone
(305) 306-9055

5. E-mail address
oscar@lasartelaw.com

6. Office sought (include district, circuit, group number)
HIALEAH CITY COUNCIL, SEAT #4

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 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
JOSE A. RIESCO, CPA

11. Mailing Address
2600 SOUTH DOUGLAS ROAD, SUITE 900

12. Telephone
(305) 445-0777

13. City
CORAL GABLES

14. County
MIAMI-DADE

15. State
FL

16. Zip Code
33134

17. E-mail address
jose@riescoandcompany.com

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

19. Name of Bank
CITY NATIONAL BANK

20. Address
5410 WEST 16 AVENUE

21. City
HIALEAH

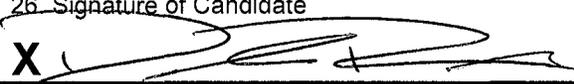
22. County
MIAMI-DADE

23. State
FL

24. Zip Code
33012

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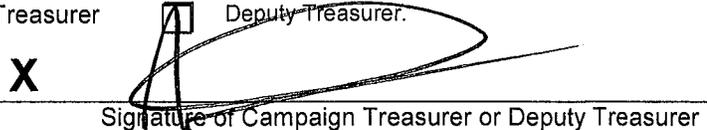
25. Date
4/5/19

26. Signature of Candidate
 

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, JOSE A. RIESCO, CPA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4-5-19
Date


Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

4305

APR 5 '19 4:22PM

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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)

OSCAR DE LA ROSA

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

765 WEST 76 STREET
HIALEAH, FL 33014

4. Telephone

(305) 306-9055

5. E-mail address

oscar@lasartelaw.com

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

HIALEAH CITY COUNCIL, SEAT #4

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

JEANNINE R. MIRANDA

11. Mailing Address

2600 SOUTH DOUGLAS ROAD, SUITE 900

12. Telephone

(305) 445-0777

13. City

CORAL GABLES

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33134

17. E-mail address

jen@riescoandcompany.com

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

19. Name of Bank

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20. Address

5410 WEST 16 AVENUE

21. City

HIALEAH

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

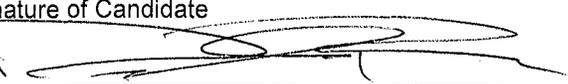
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25. Date

4/5/19

26. Signature of Candidate

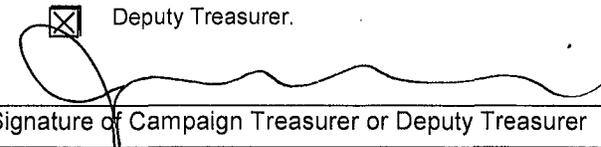


27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, JEANNINE R. MIRANDA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/5/19
Date


Signature of Campaign Treasurer or Deputy Treasurer