OFFICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES** (Section 106.021(1), F.S.) (PLEASE TYPE) **CHECK APPROPRIATE BOX: Original Appointment** Secondary Depository **Deputy Treasurer** Reappointment of Treasurer Name of Candidate 1. Address (include post office box or street, city, state, zip code) 836 west your street, #2 Jonah wolfson 3. Office (add district, circuit or group number) Telephone (optional) 2. Party (Partisan candidates only) Commissioner aroud I X Campaign Treasurer **Deputy Treasurer** I have appointed the following person to act as my 4. Name of Treasurer or Deputy Treasurer Jonah woltzon 5. Mailing Address (If post office box or drawer add street address) 6. Telephone (305)285-1115 7. City 10. Zip Code 9. State Miami 33140 rlorida I have designated the following named bank as my **Primary Depository** Secondary Depository 11. Name of Bank 12. Street Address 1684 Meridian 13. City 14. County 15. State f lovido 17. Signature of Candidate Date Campaign Treasurer's Acceptance of Appointment , do hereby accept the appointment as for the campaign of Jonah wolkon Campaign Treasurer Deputy Treasurer who is seeking nomination or election as a candidate to the office of miami Commissioner . As a duly registered voter in County, Florida, I am qualified to accept this appointment. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE. orch wellow Signature of Campaign Treasurer or Deputy Treasurer