

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE TYPE)

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CITY CLERK'S OFFICE**

**CHECK APPROPRIATE BOX:**

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: LINDA GORSZ      1. Address (include post office box or street, city, state, zip code): 451 EAST RHODE DR. M.B.

Telephone (optional): 805 1494-7214      2. Party (Partisan candidates only): NIA      3. Office (add district, circuit, group number): COMMISSIONER GAP IV

I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer: D LINDA GORSZ

5. Mailing Address (If post office box or drawer add street address): SAME      6. Telephone: SAME

7. City: M.B.      8. County: DADE      9. State: FL.      10. Zip Code: 33139

I have designated the following named bank as my  Primary Depository     Secondary Depository

11. Name of Bank: WASH. MUTUAL      12. Street Address: 17TH ALTON RD.

13. City: M.B.      14. County: DADE      15. State: FL.      16. Zip Code: 33139

17. Signature of Candidate: X [Signature]      Date: 1-22-07

**Campaign Treasurer's Acceptance of Appointment**

I, LINDA GORSZ, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of LINDA GORSZ

who is seeking nomination or election as a NIA candidate to the office of  
(Party)

COMMISSIONER GAP IV . As a duly registered voter in DADE

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.**

1-22-07  
Date

X [Signature]  
Signature of Campaign Treasurer or Deputy Treasurer