

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE TYPE)

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

Michael A. Stern

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

1766 Michigan Ave
MIAMI BEACH FLA 33139

Telephone (optional)

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)

Group VI - Commissioner

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

MICHAEL A. STERN

5. Mailing Address (If post office box or drawer add street address)

1766 Michigan Ave MB

6. Telephone

305-534-5664

7. City

MB

8. County

DADE

9. State

FLA

10. Zip Code

33139

I have designated the following named bank as my

Primary Depository

Secondary Depository

11. Name of Bank

COMMERCIAL BANK OF FLA

12. Street Address

425 ARTHUR GOFFNEY ROAD

13. City

MB

14. County

DADE

15. State

FLA

16. Zip Code

33139

17. Signature of Candidate



Date

12-13-06

Campaign Treasurer's Acceptance of Appointment

I, Michael A. Stern, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer

Deputy Treasurer

for the campaign of

Michael A. Stern

who is seeking nomination or election as a

N/A

candidate to the office of

(Party)

Commissioner Group VI

As a duly registered voter in

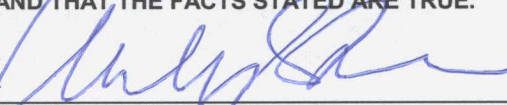
DADE

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.

12-13-06

Date



Signature of Campaign Treasurer or Deputy Treasurer