

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

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(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate <u>SIMON CRUZ</u>	1. Address (include post office box or street, city, State, zip code) <u>1500 BAY ROAD #914 MIAMI BEACH, FL 33135</u>
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Telephone (optional) ()	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) <u>MAYOR</u>
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
MICHAEL SCHWARTZ OF JEWETT, SCHWARTZ & ASSOCIATES CPAs

5. Mailing Address (If post office box or drawer add street address) <u>2514 HOLLYWOOD BLVD STE 508</u>	6. Telephone <u>954-922-5885</u>
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7. City <u>HOLLYWOOD</u>	8. County <u>BROWARD</u>	9. State <u>FL</u>	10. Zip Code <u>33020</u>
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank <u>COLONIAL BANK</u>	12. Street Address <u>41ST ST</u>
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13. City <u>MIAMI BEACH</u>	14. County <u>DADE</u>	15. State <u>FL</u>	16. Zip Code <u>33140</u>
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17. Signature of Candidate <input checked="" type="checkbox"/> 	Date <u>4-27-06</u>
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Campaign Treasurer's Acceptance of Appointment

I, MICHAEL SCHWARTZ CPA, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of SIMON CRUZ

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

MAYOR As a duly registered voter in MIAMI-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.**

4/27/06
Date


Signature of Campaign Treasurer or Deputy Treasurer