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CITY CLERK'S OFFICE

<b>STATE OF FLORIDA</b> <b>APPOINTMENT OF CAMPAIGN TREASURER</b> <b>AND DESIGNATION OF CAMPAIGN</b> <b>DEPOSITORY FOR CANDIDATES</b> (Section 106.021(1), F.S.)  (PLEASE TYPE)				<b>OFFICE USE ONLY</b>	
<b>CHECK APPROPRIATE BOX:</b> <input checked="" type="checkbox"/> Original Appointment <input type="checkbox"/> Deputy Treasurer <input type="checkbox"/> Reappointment of Treasurer <input type="checkbox"/> Secondary Depository					
Name of Candidate <i>GABRIELLE REDFERN</i>			1. Address (include post office box or street, city, state, zip code) <i>4539 ROYAL PALM AVENUE</i> <i>PO Box 403561 MIAMI BEACH</i> <i>Florida 33140</i>		
Telephone (optional)		2. Party (Partisan candidates only)		3. Office (add district, circuit or group number) <i>GROUP III</i>	
I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
4. Name of Treasurer or Deputy Treasurer <i>DANIEL E. JONES, Esq.</i>					
5. Mailing Address (If post office box or drawer add street address) <i>300 71 STREET</i>				6. Telephone	
7. City <i>MIAMI BEACH</i>		8. County <i>MIAMI-DADE</i>		9. State <i>Florida</i>	
				10. Zip Code <del>33149</del> <i>33141</i>	
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
11. Name of Bank <i>CITY NATIONAL</i>			12. Street Address <i>300 71 STREET</i>		
13. City <i>MIAMI BEACH</i>		14. County <i>MIAMI-DADE</i>		15. State <i>FL</i>	
				16. Zip Code <i>33141</i>	
17. Signature of Candidate <i>X [Signature]</i>				Date <i>10.10.07.</i>	
<b>Campaign Treasurer's Acceptance of Appointment</b>					
I, <i>DANIEL E. JONES</i> , do hereby accept the appointment as <small>(Please Print or Type)</small>					
<input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer            for the campaign of <i>GABRIELLE REDFERN</i>					
who is seeking nomination or election as a <i>MIAMI BEACH CITY COMMISSIONER GROUP III</i> candidate to the office of					
As a duly registered voter in _____					
County, Florida, I am qualified to accept this appointment.					
<b>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S</b> <b>ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.</b>					
<i>10/9/07</i> Date			<i>X [Signature]</i> Signature of Campaign Treasurer or Deputy Treasurer		

DS-DE 9 (Rev. 08/03)