STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)  (PLEASE TYPE)			RECEIVED  Y 2001 NOV 19 PH 4: 50  OFFICE USE CITY CLERK'S OFFIC			
CHECK APPROPRIATE BOX:			VED PH 4: 50			
✓ Original Appointment	Deputy Treasurer	Reappo	ointment of T	reasurer	Secondary Depository	
Name of Candidate					or street, city, state, zip code)	
Luis Salom			th Shore I each, FL			
Telephone (optional) 2. 305 710-3370	Party (Partisan candidates on N/A	ly)	3. Office (add district, circuit or group number)     Commisson Group III			
I have appointed the following po	erson to act as my	mpaign Trea	surer	Deputy	/ Treasurer	
4. Name of Treasurer or Deputy Alan Lips, CPA						
5. Mailing Address (If post office 666 71st Street					868-3600	
7. City Miami Beach	8. County Miami-Dade	9. State Florida			10. Zip Code 33141	
I have designated the following named bank as my						
11. Name of Bank Bank United			12. Street Address 300 Arthur Godfrey Road			
3. City 14. County			15. State Florida		16. Zip Code	
Miami Beach  17. Signature of Candidate					33140	
17. Signature of Candidate					Date II/IY/07	
Campaign Treasurer's Acceptance of Appointment						
<sub>I,</sub> Alan Lips, CPA	(Please Print or Type)			, do he	ereby accept the appointment as	
Campaign Treasurer Deputy Treasurer for the campaign of Luis Salom						
who is seeking nomination or ele	ection as a	N/A			candidate to the office of	
Commisson Group III . 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.						
11/14/07	X					
Date Signature of Campaign Treasurer or Deputy Treasurer						