

**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

Name of Candidate Sherry Roberts	1. Address (include post office box or street, city, state, zip code) 100 Lincoln Road #PH-2
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Telephone (optional) (305) 205-2030	2. Party (Partisan candidates only) Non-Partisan	3. Office (add district, circuit, group number) Miami Beach Commission, Group II
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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
Sherry Roberts

5. Mailing Address (If post office box or drawer add street address) 100 Lincoln Road #PH-2	6. Telephone (305) 205-2030
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7. City Miami Beach	8. County Miami-Dade	9. State Florida	10. Zip Code 33139
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Bank of America	12. Street Address 401 Lincoln Road
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13. City Miami Beach	14. County Miami-Dade	15. State Florida	16. Zip Code 33139
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17. Signature of Candidate X Sherry Roberts	Date 1/2/2009
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Campaign Treasurer's Acceptance of Appointment

I, Sherry Roberts, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Sherry Roberts

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

Miami Beach Commission, Group II

**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.**

1/2/2009
Date

X Sherry Roberts
Signature of Campaign Treasurer or Deputy Treasurer