

**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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CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate ROGER ABRAMSON	1. Address (include post office box or street, city, state, zip code) 6450 COLLINS AVE. MIAMI BEACH, FL 33141
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Telephone (optional) (305) 861-5227	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) GROUP II COMMISSIONER
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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
ROXANA VEGA

5. Mailing Address (If post office box or drawer add street address) 6450 COLLINS AVE	6. Telephone 305-864-6224
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7. City MIAMI BEACH	8. County MIAMI-DADE	9. State FL	10. Zip Code 33141
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank WASHINGTON MUTUAL-CHASE	12. Street Address NORMANDY CIRCLE
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13. City MIAMI BEACH	14. County MIAMI-DADE	15. State FL	16. Zip Code 33141
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17. Signature of Candidate X 	Date 2/23/09
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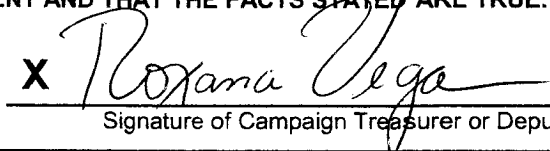
Campaign Treasurer's Acceptance of Appointment

I, **ROXANA VEGA**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **ROGER ABRAMSON**

who is seeking nomination or election as a _____ candidate to the office of _____
(Party)
MIAMI BEACH CITY 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.

<u>02/20/09</u> Date	X  Signature of Campaign Treasurer or Deputy Treasurer
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