

RECEIVED

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

2009 SEP 9 AM 11:51
OFFICE USE ONLY

CITY CLERK'S OFFICE
2009 SEP -9 AM 11:51
CITY CLERK'S OFFICE

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: **RAPHAEL HERMAN**
1. Address (include post office box or street, city, state, zip code): **4190 NAUTILUS DRIVE MIAMI BEACH, FL 33140**

Telephone (optional): **(305) 6748541**
2. Party (Partisan candidates only):
3. Office (add district, circuit, group number): **MAYOR OF MIAMI BEACH**

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer: **RAPHAEL HERMAN**

5. Mailing Address (If post office box or drawer add street address): **4190 NAUTILUS DRIVE**
6. Telephone: **305-674-8541**

7. City: **MIAMI BEACH** 8. County: **MIAMI-DADE** 9. State: **FLORIDA** 10. Zip Code: **33140**

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: **BANKUNITED**
12. Street Address: **300 ARTHUR GODFREY ROAD**

13. City: **MIAMI BEACH** 14. County: **MIAMI-DADE** 15. State: **FLORIDA** 16. Zip Code: **33140**

17. Signature of Candidate: **X** *Raphaël Herman* Date: **09-09-09**

Campaign Treasurer's Acceptance of Appointment

I, **RAPHAEL HERMAN**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **RAPHAEL HERMAN**

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

MAYOR OF MIAMI BEACH

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.

09-09-09

Date

X *Raphaël Herman*

Signature of Campaign Treasurer or Deputy Treasurer