

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

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(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: FRED KARLTON
1. Address (include post office box or street, city, state, zip code):
1800 SUNSET HARBOR DR STE 2
MIAMI BEACH FL 33139

Telephone (optional): 305 5322900
2. Party (Partisan candidates only): _____
3. Office (add district, circuit or group number): Commissioner Group 2

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

4. Name of Treasurer or Deputy Treasurer:
FRED KARLTON

5. Mailing Address (If post office box or drawer add street address): 1800 SUNSET HARBOR DR STE 2
6. Telephone: 305 5322900

7. City: MB 8. County: DADE 9. State: FL 10. Zip Code: 33139

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

11. Name of Bank: WACHOVIA BANK NA
12. Street Address: 1200 LINCOLN ROAD F16901

13. City: MIAMI BEACH 14. County: DADE 15. State: FL 16. Zip Code: 33139

17. Signature of Candidate: X  Date: 9-10-09

Campaign Treasurer's Acceptance of Appointment

I, Fred Karlton, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of FRED KARLTON

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

Commissioner As a duly registered voter in DADE County
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.**

9-10-09 X 
Date Signature of Campaign Treasurer or Deputy Treasurer