

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

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**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

*Sherry Kaplan Roberts*

**3. Address** (include post office box or street, city, state, zip code)

*100 LINCOLN RD  
#2  
MIAMI BEACH, FL 33139*

**4. Telephone**

*(305) 205-2030*

**5. E-mail address**

*Sherry@SherryRoberts.com*

**6. Office sought** (include district, circuit, group number)

*Miami Beach Commission, Group III  
2013*

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

*Roberta Stephanie Gould*

**11. Mailing Address**

*6585 ALLISON RD.*

**12. Telephone**

*(305) 542-3839*

**13. City**

*Miami Beach*

**14. County**

*Miami-Dade*

**15. State**

*FL*

**16. Zip Code**

*33141*

**17. E-mail address**

*gouldsr@BWM.com*

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

*BANK of America*

**20. Address**

*401 LINCOLN RD*

**21. City**

*Miami Beach*

**22. County**

*Miami-Dade*

**23. State**

*FL*

**24. Zip Code**

*33139*

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

*March 4, 2013*

**26. Signature of Candidate**

*X Sherry Kaplan Roberts*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, *Roberta Gould*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*3-4-13*  
Date

*X Roberta Gould*  
Signature of Campaign Treasurer or Deputy Treasurer