

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

RECEIVED

AUG 15 2006 3:04 PM  
KRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

**CHECK APPROPRIATE BOX**

- Original Appointment
- Deputy Treasurer
- Reappointment of Treasurer
- Secondary Depository

(PLEASE TYPE)

Name of Candidate: **Linda M. Haskins**  
1. Address (include post office box or street, city, state, zip code): **200 S. Biscayne Blvd., #600, Miami 33131**

Telephone (optional): ( )  
2. Party (Partisan candidates only):  
3. Office (add district, circuit or group number): **City Commissioner District 2**

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

4. Name of Treasurer or Deputy Treasurer: **Richard A. Berkowitz**

5. Mailing Address (If post office box or drawer add street address): **200 S. Biscayne Blvd., Sixth Floor**  
6. Telephone: **305-379-7000**

7. City: **Miami** 8. County: **Miami-Dade** 9. State: **FL** 10. Zip Code: **33131**

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

11. Name of Bank: **SunTrust Bank, N.A.** 12. Street Address: **1 S.E. Third Avenue**

13. City: **Miami** 14. County: **Miami-Dade** 15. State: **FL** 16. Zip Code: **33131**

17. Signature of Candidate:  Date: **8/14/2006**

**Campaign Treasurer's Acceptance of Appointment**

I, Richard A. Berkowitz, do hereby accept the appointment as  
(Please Print or Type)

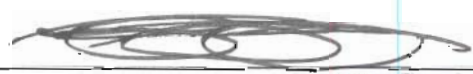
Campaign Treasurer  Deputy Treasurer for the campaign of Linda M. Haskins

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

City Commissioner District 2 . As a duly registered voter in Miami-Dade

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.**

8/18/06 Date   Signature of Campaign Treasurer or Deputy Treasurer

SPECIAL ELECTION 2006

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

(PLEASE TYPE)

OFFICE USE ONLY

2006 AUG -9 PM 3:45

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate  
LINDA M. HASKINS

1. Address (include post office box or street, city, state, zip code)  
4035 MALACA AVE  
MIAMI, FL 33133

Telephone (optional)

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)  
CITY OF MIAMI COMMISSIONER DISTRICT 2

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

4. Name of Treasurer or Deputy Treasurer  
LINDA M. HASKINS

5. Mailing Address (If no post office box or drawer add street address)  
200 S. BISLAWNE BLVD, 6TH FLOOR

6. Telephone  
(305) 960-1217

7. City  
MIAMI

8. County  
MIAMI-DADE

9. State  
FLORIDA

10. Zip Code  
33131

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

11. Name of Bank  
SUNTRUST

12. Street Address  
ONE SOUTHWEST THIRD AVE

13. City  
MIAMI

14. County  
MIAMI DADE

15. State  
FL

16. Zip Code  
33131

17. Signature of Candidate  
*Linda M. Haskins*

Date  
8/07/06

Campaign Treasurer's Acceptance of Appointment

I, LINDA M. HASKINS, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of LINDA M. HASKINS

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

CITY OF MIAMI COMMISSIONER DISTRICT 2 As a duly registered voter in MIAMI-DADE

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.

8/07/06  
Date

*Linda M. Haskins*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

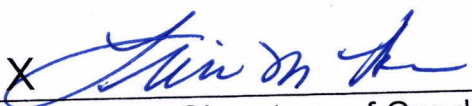
OFFICE USE ONLY

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CITY CLERK  
CITY OF MIAMI, FL

2006 AUG -9 PM 3:45

RECEIVED

I, LINDA M. HASKINS,  
candidate for the office of CITY OF MIAMI COMMISSIONER, DISTRICT 2,  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X   
Signature of Candidate

8/07/06  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).