

**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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PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate Ellen Brickley	1. Address (include post office box or street, city, state, zip code) 7000 NE 5th Avenue, Miami, FL, 33138
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Telephone (optional) 305 756-4436	2. Party (Partisan candidates only) non partisan	3. Office (add district, circuit or group number) City Commissioner, District 2
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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
Sarah Ruth Robinett

5. Mailing Address (If post office box or drawer add street address) PO Box 381395, 8365 NE 2nd Ave, Suite 206, Miami	6. Telephone 305 756-4436
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7. City Miami	8. County Miami-Dade	9. State Florida	10. Zip Code 33238
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Regions Bank	12. Street Address 6013 NW 7th Avenue
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13. City Miami	14. County Miami-Dade	15. State Florida	16. Zip Code 33127
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17. Signature of Candidate X Ellen Brickley	Date 9/19/07
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Campaign Treasurer's Acceptance of Appointment

I, Sarah Ruth Robinett, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Ellen Brickley

who is seeking nomination or election as a non partisan 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.**

09/19/2007
Date

X Sarah R Robinett
Signature of Campaign Treasurer or Deputy Treasurer