STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

LEGELAND

2010 APR -7 PM 2: 07

PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI. FL

					_						
1. CHECK APPROPRIATE BOX: State											
2. Name of Candidate (in the	nis orde	r: First. Middle. L	ast)	3.	Addr	ress (includ	le post offic	e box or s	treet, city, s	tate, zip	
Marc David Sarnoff					3. Address (include post office box or street, city, state, zip code)						
4. Telephone (optional) 5. E-mail address (optional)					3000 Shipping Avenue Miami, Florida 33133						
(305) 441-5966 i	nfo@	@marcsarnoff.com				,, , , , , , , , ,					
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if					
City of Miami Commissioner-District 2						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											
10. Name of Treasurer or Deputy Treasurer Edward Strongin											
11. Mailing Address (If post office box or drawer, also include street address) , 12. Telephone											
3225 Aviation Avenue, Suite 500 (-305) 858-5800											
13. City	14. County Miami-Dade		15. Sta	ate	'		17. E-mail address (optional)				
Miami			FL.		331	33 .	estrongin@psms-cpa.com				
18. I have designated the following bank as my											
						0. Street Address 121 Commodore Plaza, Third Floor					
21. City 22. County				012	1 0,	23. State			24. Zip Code		
Miami				•	Florida				33133	10	
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 26. Signature of Candidate X											
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, Fdward Strongin , do hereby accept the appointment											
(Please Print or Type Name)											
designated above as: Campaign Treasurer Deputy Treasurer											
4/5/10 X Dawlard of Though											
/ / Date			,	Signa	ature′	of Campail	an Treas	er or Depu	ıtv Treasure	r	

STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type)

OFFICE POPEND

2010 APR -7 PM 2: 07

PRISCILLA A. THOMPSON CITY CLERK CITY OF HIAMI. FL

Ι,	
candidate for the office of	City of Miami Commissioner-District 2
have received, read and unde	erstand the requirements of Chapter 106,
Florida Statutes.	•
X Signature of Candi	d/1/10 idate Date
Appointment of Campaign Treasurer failure to file this form is a first deg	ent with the qualifying officer within 10 days after the and Designation of Campaign Depository is filed. Willful gree misdemeanor and a civil violation of the Campaign fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida

Marc David Sarnoff