

**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**

2009 APR 1 PM 2:34

CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate <b>Vibert L. White</b>	1. Address (include post office box or street, city, state, zip code) <b>825 West Washington Street Orlando, FL 32805</b>
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Telephone (optional) ( 407 ) 484-5673	2. Party ( <b>Partisan candidates only</b> )	3. Office (add district, circuit, group number) <b>Orlando City Commissioner 5</b>
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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  
**Lawanna Gelzer**

5. Mailing Address (If post office box or drawer add street address) <b>7674 Saint Stephens Court</b>	6. Telephone <b>(321) 228-4536</b>
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7. City <b>Orlando</b>	8. County <b>Orange</b>	9. State <b>Florida</b>	10. Zip Code <b>32835</b>
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I have designated the following named bank as my  Primary Depository       Secondary Depository

11. Name of Bank <b>Urban Trust Bank</b>	12. Street Address <b>715 S. Goldwyn Avenue</b>
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13. City <b>Orlando</b>	14. County <b>Orange</b>	15. State <b>Florida</b>	16. Zip Code <b>32805</b>
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17. Signature of Candidate <b>X</b> 	Date <b>4/1/09</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, Lawanna Gelzer, do hereby accept the appointment as  
(Please Print or Type)

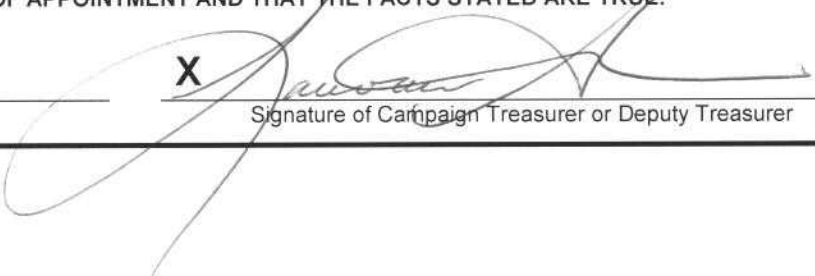
Campaign Treasurer       Deputy Treasurer      for the campaign of Vibert L. White

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

Orlando City Commissioner 5

**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.**

4/1/09  
Date

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

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CHECK APPROPRIATE BOX:

Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate: **Vibert L. White**  
1. Address (include post office box or street, city, state, zip code):  
**825 West Washington Street  
Orlando, FL 32805**

Telephone (optional): ( 407 ) 484-5673  
2. Party (Partisan candidates only):  
3. Office (add district, circuit, group number): **Orlando City Commissioner 5**

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

4. Name of Treasurer or Deputy Treasurer:  
**Vibert L. White**


5. Mailing Address (If post office box or drawer add street address): **825 West Washington Street**  
6. Telephone: **(407) 484-5673**

7. City: **Orlando**      8. County: **Orange**      9. State: **Florida**      10. Zip Code: **32805**

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

11. Name of Bank: **Urban Trust Bank**  
12. Street Address: **715 S. Goldwyn Avenue**

13. City: **Orlando**      14. County: **Orange**      15. State: **Florida**      16. Zip Code: **32805**

17. Signature of Candidate:       Date: **4/1/09**

**Campaign Treasurer's Acceptance of Appointment**


I, **Vibert L. White**, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of **Vibert L. White**

who is seeking nomination or election as a **Non-Partisan** candidate to the office of  
(Party)

**Orlando City Commissioner 5**

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.

**4/1/09** Date       Signature of Campaign Treasurer or Deputy Treasurer