

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

OFFICE USE ONLY

2005 MAR 28 PM 2:03

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: Tom Levine
1. Address (include post office box or street, city, state, zip code):
1416 Catherine St.
Orlando FL 32801

Telephone (optional): _____
2. Party (Partisan candidates only): _____
3. Office (add district, circuit or group number): MAYOR

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

4. Name of Treasurer or Deputy Treasurer: Tom Levine

5. Mailing Address (If post office box or drawer add street address): 1416 Catherine St.
6. Telephone: 894 6603

7. City: Orlando 8. County: Or. 9. State: FL 10. Zip Code: 32801

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

11. Name of Bank: Washington Mutual
12. Street Address: 4444 Carry Ford Rd.

13. City: Orlando 14. County: Or 15. State: FL 16. Zip Code: 32812

17. Signature of Candidate: [Signature] Date: 3/28/5

Campaign Treasurer's Acceptance of Appointment

I, Tom Levine, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of _____

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

Mayor . As a duly registered voter in Orange County

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.

3/28/5
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer