

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

OFFICE USE ONLY

2005 AUG 11 PM 4:37

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

Robert S. Carr, Jr.

1. Address (include post office box or street, city, state, zip code)

204 W. Spruce St., Orlando, Florida 32804

Telephone (optional)
(407) 425-1102

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)

Commissioner Dist. 3, City of Orlando

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

4. Name of Treasurer or Deputy Treasurer

Robert S. Carr, Jr. (candidate)

5. Mailing Address (if post office box or drawer add street address)

204 W. Spruce St.

6. Telephone

(407) 425-1102

7. City

Orlando

8. County

Orange

9. State

Florida

10. Zip Code

32804

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

11. Name of Bank

Washington Mutual

12. Street Address

2424 Edgewater Dr.

13. City

Orlando

14. County

Orange

15. State

Florida

16. Zip Code

32804

17. Signature of Candidate

X *Robert S. Carr, Jr.*

Date

8-10-05

Campaign Treasurer's Acceptance of Appointment

I, Robert S. Carr, Jr., do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Robert S. Carr, Jr.

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

Commissioner D. 3, City of Orlando. As a duly registered voter in Orange

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.

8-10-05

Date

X *Robert S. Carr, Jr.*

Signature of Campaign Treasurer or Deputy Treasurer

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CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate Robert S. Carr, Jr.	1. Address (include post office box or street, city, state, zip code) 204 W. Spruce St.. Orlando, Florida 32804
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Telephone (optional) (407) 425-1102	2. Party (Partisan candidates only)	3. Office (add district, circuit or group number) Commissioner Dist. 3, City of Orlando
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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
Marilyn Van Horn

5. Mailing Address (If post office box or drawer add street address) 2007 Ivanhoe Road	6. Telephone (407) 422-2327
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7. City Orlando	8. County Orange	9. State Florida	10. Zip Code 32804
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Washington Mutual	12. Street Address 2424 Edgewater DR.
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13. City Orlando	14. County Orange	15. State Florida	16. Zip Code 32804
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17. Signature of Candidate X	Date
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Campaign Treasurer's Acceptance of Appointment

I, Marilyn Van Horn, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Robert S. Carr, Jr.

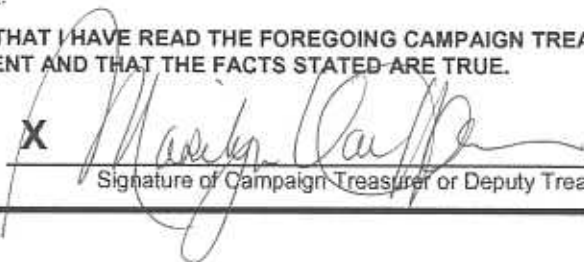
who is seeking nomination or election as a _____ candidate to the office of
(Party)

Commissioner D. 3, City of Orlando . As a duly registered voter in Orange

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.**

8/10/05
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer