

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

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PRISCILLA A. THOMPSON  
CITY CLERK  
MIAMI, FL

**1. CHECK APPROPRIATE BOX:**

Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)  
**DAVID CHIVERTON**

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

P.O. BOX 370036  
MIAMI, FL 33137

**4. Telephone** (optional)  
(305) 343-5666

**5. E-mail address** (optional)

**6. Office sought** (include district, circuit, group number)  
COMMISSIONER CITY OF MIAMI DISTRICT 5

**7. If a candidate for a nonpartisan office, check if 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**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**  
LUANGELA THOMAS

**11. Mailing Address** (If post office box or drawer, also include street address)  
8730 NW 35TH CT

**12. Telephone**  
(786) 879-4866

**13. City**  
MIAMI

**14. County**  
MIAMI DADE

**15. State**  
FL

**16. Zip Code**  
33147

**17. E-mail address** (optional)

**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**  
CHASE

**20. Street Address**  
5800 NW 7TH AVE

**21. City**  
MIAMI

**22. County**  
MIAMI DADE

**23. State**  
FL

**24. Zip Code**  
33127

**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**

25 Nov 09

**26. Signature of Candidate**

*[Handwritten Signature]*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, LUANGELA THOMAS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

25 Nov 09  
Date

*[Handwritten Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

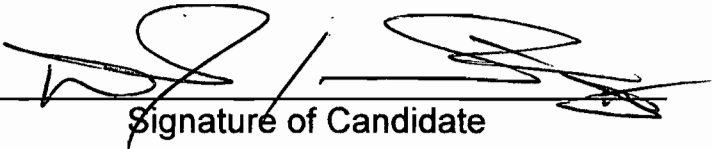
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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI

I, DAVID CHIVERTON,  
candidate for the office of COMMISSIONER CITY OF MIAMI DISTRICT 5 ;  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X  25 Nov 09  
Signature of Candidate Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).