

**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

MIAMI-DADE
ELECTIONS

2007 AUG 14 PM 3:12

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate
Martin Karp

1. Address (include post office box or street, city, state, zip code)
20021 N. E. 21 Avenue
Miami, Florida 33179

Telephone (optional)
(305) 682-8829

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)
School Board District 3

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

4. Name of Treasurer or Deputy Treasurer
Gustavo Magnoli

5. Mailing Address (If post office box or drawer add street address)
19930 NE 21 AVE

6. Telephone
305-931-2823

7. City
Miami

8. County
Miami-Dade

9. State
Florida

10. Zip Code
33179

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

11. Name of Bank
SunTrust Bank N.A.

12. Street Address
9600 Collins Avenue

13. City
Bal Harbour

14. County
Miami-Dade

15. State
Florida

16. Zip Code
33154

17. Signature of Candidate
 

Date
8-13-07

Campaign Treasurer's Acceptance of Appointment

I, GUSTAVO MAGNOLI, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Martin Karp

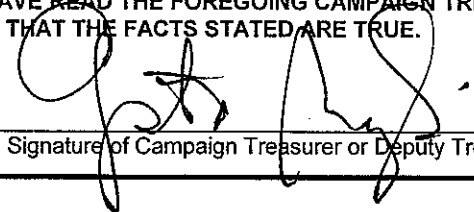
who is seeking nomination or election as a _____ candidate to the office of
(Party)

School Board District 3 . As a duly registered voter in MIAMI DADE

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.**

8/13/07
Date


Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

0509080909AM 9:01

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

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

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Telephone (optional)
(305) 682-8829

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)
School Board District 3

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

4. Name of Treasurer or Deputy Treasurer
Martin Karp

5. Mailing Address (If post office box or drawer add street address)
20021 NE 21 AVE

6. Telephone
305-682-8829

7. City
Miami

8. County
Miami-Dade

9. State
Florida

10. Zip Code
33179

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SunTrust Bank N.A.

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9600 Collins Avenue

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Miami-Dade

15. State
Florida

16. Zip Code
33154

17. Signature of Candidate
 

Date
8-13-07

Campaign Treasurer's Acceptance of Appointment

I, Martin Karp, do hereby accept the appointment as
(Please Print of Type)

Campaign Treasurer Deputy Treasurer for the campaign of Martin Karp

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

School Board District 3 . As a duly registered voter in Miami-Dade

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
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8-13-07
Date


Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

2007 AUG 14 PM 3:12

MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Martin Karp ,

candidate for the office of School Board District 3 ;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 

Signature of Candidate

8-13-07

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).



Miami-Dade Supervisor of Elections
 2700 NW 87th Avenue
 Miami, FL 33172 (305) 499-8400

RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

Martin	Stewart	Karp
First Name	Middle Name	Last Name

Office: School Board District 3

This is to acknowledge my receipt of the following documents:

- The Election Laws of the State of Florida August 2006
- 2006 Candidate and Campaign Treasurer Handbook
- 2008 Miami-Dade County Qualifying Handbook

RECEIVED
 2007 AUG 14 PM 3:12
 MIAMI-DADE
 ELECTIONS

Received by: 
 Candidate Signature

Date: 8-13-07

Phone No.: 305-682-8829 Fax No.: same as phone #

E-mail address: martinkarp@yahoo.com

**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE, COUNTY

OFFICE USE ONLY

RECEIVED
2008 JUN 17 PM 4:33
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, <u>MARTIN</u>		<u>KARP</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Martin Karp
(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of School Board, 3,
(office) (district) (group)

My legal residence is 20021 NE 21 AVE MIAMI 33179 County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X <u>[Signature]</u>	<u>(305) 682-8829</u>	
Signature of Candidate	Daytime Telephone Number	Email Address
<u>20021 NE 21 AVE MIAMI FL 33179</u>		
Address	City	State ZIP Code

Sworn to (or affirmed) and subscribed before me this 17th day of June, 2008.

Personally Known: _____ or
Produced Identification: FL Licence
Type of Identification Produced: _____



[Signature]
Signature of Notary Public - State of Florida
or Stamp Commissioned Name of Notary Public

