

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY
RECEIVED

SEP 20 2010

CITY OF NORTH MIAMI
CITY CLERKS OFFICE

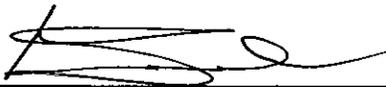
I, MARIE ERLANDE STERIL,

candidate for the office of NORTH MIAMI COUNCILMAN DISTRICT 4;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X



Signature of Candidate

9/16/10

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).

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

(PLEASE TYPE)

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CITY OF NORTH MIAMI
 CITY CLERKS OFFICE

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: MARIE ERLANDE STERIL
 1. Address (include post office box or street, city, state, zip code):
1005 NW 128 STREET
NORTH MIAMI, FL 33168

Telephone (optional): (786) 355-7192
 2. Party (Partisan candidates only):
N. MIAMI COUNCILMAN DISTRICT 4
 3. Office (add district, circuit, group number):

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

4. Name of Treasurer or Deputy Treasurer:
MARIE ERLANDE STERIL

5. Mailing Address (If post office box or drawer add street address):
1005 NW 128 STREET
 6. Telephone:
786-355-7192

7. City: NORTH MIAMI 8. County: MIAMI-DADE 9. State: FL 10. Zip Code: 33168

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

11. Name of Bank: CHASE 12. Street Address: 900 N EST

13. City: NORTH MIAMI 14. County: MIAMI-DADE 15. State: FL 16. Zip Code: 33161

17. Signature of Candidate: X  Date:

Campaign Treasurer's Acceptance of Appointment

I, MARIE ERLANDE STERIL, do hereby accept the appointment as
 (Please Print or Type)

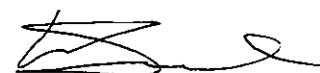
Campaign Treasurer Deputy Treasurer for the campaign of MARIE ERLANDE STERIL

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

NORTH MIAMI COUNCILMAN DISTRICT 4

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.

9/16/10
 Date

X 
 Signature of Campaign Treasurer or Deputy Treasurer