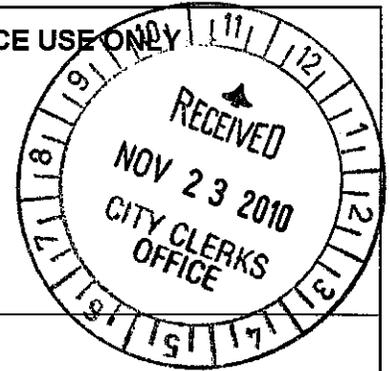


**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY



I, CAROL F. KEYS,

candidate for the office of MAYOR, NORTH MIAMI;

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

X

[Signature]  
Signature of Candidate

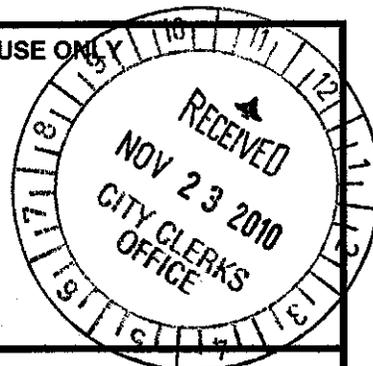
11-23-2010

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.)

OFFICE USE ONLY



(PLEASE TYPE)

CHECK APPROPRIATE BOX:

- Original Appointment       Deputy Treasurer       Reappointment of Treasurer

Name of Candidate: CAROL F. KEYS      1. Address (include post office box or street, city, state, zip code):  
12550 PALM ROAD  
NORTH MIAMI, FL 33181

Telephone (optional): 305 1891-1600      2. Party (Partisan candidates only):  
MAYOR NORTH MIAMI      3. Office (add district, circuit, group number):  
MAYOR NORTH MIAMI

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

4. Name of Treasurer or Deputy Treasurer:  
GAYLE DOYLE

5. Mailing Address (If post office box or drawer add street address):  
699 NE 164 STREET      6. Telephone:  
305-491-0015

7. City: NORTH MIAMI      8. County: MIAMI DADE      9. State: FL      10. Zip Code: 33162

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

11. Name of Bank: SHAWDELL UNITED BANK, NA      12. Street Address:  
12700 BISCAYNE BOULEVARD

13. City: NORTH MIAMI      14. County: MIAMI DADE      15. State: FL      16. Zip Code: 33181

17. Signature of Candidate: X      Date: 11-23-2010

**Campaign Treasurer's Acceptance of Appointment**

I, GAYLE DOYLE, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer  Deputy Treasurer for the campaign of CAROL F. KEYS

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

MAYOR OF NORTH MIAMI

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.

11-20-2010 Date      X Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE PRINT OR TYPE)



1. CHECK APPROPRIATE BOX:

Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

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

CAROL FRANCES KEYS

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

12550 PALM ROAD  
 NORTH MIAMI FL  
 33181

4. Telephone (optional)

(305) 891-1600

5. E-mail address (optional)

6. Office sought (include district, circuit, group number)

MAYOR NORTH MIAMI

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

CAROL FRANCES KEYS

11. Mailing Address (If post office box or drawer, also include street address)

12700 BISCAYNE BOULEVARD, #401

12. Telephone

(305) 891-1600

13. City

NORTH MIAMI

14. County

MIAMI DADE

15. State

FL

16. Zip Code

33181

17. E-mail address (optional)

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

SABAD ELL UNITED BANK NA 12700 BISCAYNE BOULEVARD

20. Street Address

21. City

NORTH MIAMI

22. County

MIAMI DADE

23. State

FL

24. Zip Code

33181

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

11-23-2010

26. Signature of Candidate

X

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

I, CAROL FRANCES KEYS, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

11-23-2010

Date

X

Signature of Campaign Treasurer or Deputy Treasurer