APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)





NOTE: This form must be on file with the qualifying OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy Depository Office Party X Initial Filing of Form 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) code) 101 SGA DATS PR JOSEPN F BROUSSARN
Telephone 5. E-mail address PCB, FL 32413 4. Telephone (202) 441-1135 FREDE- PCBLIARD 2 CGMAIL. COM 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. PCB Council WARD 2 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 Party candidate. No Party Affiliation Write-In Campaign Treasurer **Deputy Treasurer** 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer JOSEPH F. BROUSSARD 12. Telephone 11. Mailing Address (202) 441-1135 101 SEA CATS DE 17. E-mail address 14. County 15. State 16. Zip Code 13. City FRED FOR PCBWARD 2 CGMAN JOH 32413 Secondary Depository Primary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank 11340 PCB PARKW. REGIONS 21. City 22. County 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. 26. Signature of Candidate 25. Date Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. (Please Print or Type Name) , do hereby accept the appointment Deputy Treasurer. Campaign Treasurer designated above as: M 02-05-2010 Signature of Campaign Treasurer or Deputy Treasurer

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