

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

18 JUN 01 AM 11:49 SUE Lee Co FI

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

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

Pamela H La Riviere

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

5048 Bristo St.  
Lehigh Acres, FL 33971

**4. Telephone**

(239) 671-6895

**5. E-mail address**

mikenpam83@aol.com

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

School Board, 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**

Ami Desamours

**11. Mailing Address**

101 Daleview Ave

**12. Telephone**

(239) 810-1728

**13. City**

Lehigh Acres

**14. County**

Lee

**15. State**

FL

**16. Zip Code**

33936

**17. E-mail address**

adesamours4@gmail.com

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

**19. Name of Bank**

Regions Bank

**20. Address**

11881 Palm Beach Blvd

**21. City**

Ft. Myers

**22. County**

Lee

**23. State**

FL

**24. Zip Code**

33905

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**

5-29-18

**26. Signature of Candidate**

X Pamela H. La Riviere

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

I, Ami Desamours, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5-29-18  
Date

X

Ami Desamours  
Signature of Campaign Treasurer or Deputy Treasurer



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

Pamela H. LaRiviere

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

5048 Bristo St.  
Lehigh Acres, FL  
33971

4. Telephone

(239) 621-6895

5. E-mail address

mikenpam83@aol.com

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

School Board, District 5

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Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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10. Name of Treasurer or Deputy Treasurer

Pamela H. LaRiviere

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12. Telephone

(239) 621-6895

13. City

Lehigh Acres

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15. State

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Ft. Myers

22. County

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23. State

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24. Zip Code

33908

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

5-29-18

26. Signature of Candidate

X Pamela H. LaRiviere

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

I, Pamela H. LaRiviere, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

5-29-18

Date

X Pamela H. LaRiviere

Signature of Campaign Treasurer or Deputy Treasurer