

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

100024013550128101
 OFFICE USE ONLY

1

(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)

ROBERT H. SHARKEY

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

26625 HICKORY BLVD
 BONITA SPRINGS, FLA
 34134

4. Telephone (optional)

(239) 992-7526

5. E-mail address (optional)

SHARKEYRH
 @GMAIL.COM

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

BONITA FIRE & RESCUE DEPT. DISTRICT
 COMMISSIONER SEAT (1)

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

NEIL ARNAL

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

27670 HICKORY BLVD BONITA SPRINGS FL 34134

12. Telephone

(239) 390-0083

13. City

BONITA SPRINGS

14. County

LEE

15. State

FL

16. Zip Code

34134

17. E-mail address (optional)

ARNALN@MSN.COM

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

19. Name of Bank

SUN TRUST

20. Street Address

26731 S TAMMAMAIL TAIL SPRINGS FLA

21. City

BONITA SPRINGS

22. County

LEE

23. State

FLA

24. Zip Code

34134

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

6-22-10

26. Signature of Candidate

X Robert H. Sharkey

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

I, NEIL ARNAL, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-21-2010

Date

X

Neil Arnal

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)

OFFICE USE ONLY

*10 JUN 22 AM 11:35 (602) Lee Co Fl

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

ROBERT H SHANKLEY

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

*20425 HICKORY BLVD
BONITA SPRINGS, FLA 34134*

4. Telephone (optional)

(239) 992-7526

5. E-mail address (optional)

SHANKLEY RH@GMAIL.COM

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

*FINC COMMISSIONER SEAT 1
BONITA SPRINGS FINC-RESERVE P. STATE*

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

ROBERT H SHANKLEY

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

20625 HICKORY BLVD

12. Telephone

(239) 992-7526

13. City

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14. County

LEE

15. State

FLA

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34134

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25. Date

6-22-10

26. Signature of Candidate

X Robert H Shankley

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

I, *ROBERT H. SHANKLEY*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-22-10

Date

X

Signature of Campaign Treasurer or Deputy Treasurer