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

(PLEASE TYPE)

OFFICE USE ONLY
RECEIVED
2006 MAR 24 PM 1:11
KURT S. BROWNING
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

CHECK APPROPRIATE BOX:

[X] Original Appointment [ ] Deputy Treasurer [ ] Reappointment of Treasurer [ ] Secondary Depository

Name of Candidate	1. Address (include post office box or street, city, state, zip code)
Tami L. Paxton	10518 Kim Lane Hudson FL 34669

Telephone (optional)	2. Party (Partisan candidates only)	3. Office (add district, circuit or group number)
727 243 3198		School Board DISTRICT 5

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

4. Name of Treasurer or Deputy Treasurer
Carolle M. Ryan

5. Mailing Address (If post office box or drawer add street address)	6. Telephone
11905 Oak Trail Way	727-862-3503

7. City	8. County	9. State	10. Zip Code
Port Richey	PASCO	FL	34668

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

11. Name of Bank	12. Street Address
AmSouth Bank	7512 STATE RD 52

13. City	14. County	15. State	16. Zip Code
Hudson	PASCO	FL	34667

17. Signature of Candidate	Date
X Tami L. Paxton	3/24/06

Campaign Treasurer's Acceptance of Appointment

I, Carolle M. Ryan (Please Print or Type), do hereby accept the appointment as

[X] Campaign Treasurer [ ] Deputy Treasurer for the campaign of Tami L. Paxton,

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

School Board DISTRICT 5. As a duly registered voter in PASCO

County, Florida, I am qualified to accept this appointment.

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.

3/20/06
Date

X [signature]
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 08/03)