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

(PLEASE TYPE)

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)
Joseph F Bratt	18444 Fairway Green Drive Hudson FL, 34667

Telephone (optional)	2. Party (Partisan candidates only)	3. Office (add district, circuit or group number)
727 868 2344		

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

4. Name of Treasurer or Deputy Treasurer
Joseph F Bratt

5. Mailing Address (If post office box or drawer add street address)	6. Telephone
18444 Fairway Green Drive	727 868 2344

7. City	8. County	9. State	10. Zip Code
Hudson	Pasco	FL	34667

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

11. Name of Bank	12. Street Address
Suncoast Schools Federal Credit Union	4176 Mariner Blvd

13. City	14. County	15. State	16. Zip Code
Spring Hill	Hernando	FL	346

17. Signature of Candidate	Date
X Joseph F Bratt	

Campaign Treasurer's Acceptance of Appointment

I, _____Joseph F Bratt_____ , do hereby accept the appointment as
(Please Print or Type)

[X] Campaign Treasurer   [ ] Deputy Treasurer   for the campaign of __Joseph F Bratt__ ,

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

__Heritage Pines Community Development District Supervisor Seat 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.

6/27/06	X Joseph F Bratt
Date	Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 08/03)