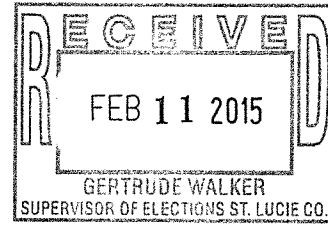


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



NOTE: This form must be on file with the qualifying 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)

*Martha Lee Hornsby*

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

*4706 Sunrise Blvd.  
Ft. Pierce, FL 34982*

**4. Telephone**

*(772) 465-2866*

**5. E-mail address**

*marthahornsby@aol.com*

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

*Clerk of Court*

**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     Democrat Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

*Jo Anne Holman*

**11. Mailing Address**

*4710 Sunrise Blvd.*

**12. Telephone**

*(772) 465-4690*

**13. City**

*Ft. Pierce*

**14. County**

*St. Lucie*

**15. State**

*FL*

**16. Zip Code**

*34982*

**17. E-mail address**

*joanneholman1@aol.com*

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

**19. Name of Bank**

*Harbor Community Bank*

**20. Address**

*7510 U.S. 1 Port St. Lucie*

**21. City**

*Port St. Lucie*

**22. County**

*St. Lucie*

**23. State**

*FL*

**24. Zip Code**

*34986*

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**

*2/11/15*

**26. Signature of Candidate**

*X Martha Hornsby*

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

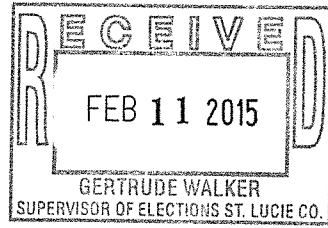
I, *Jo Anne Holman*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*2/11/15*  
Date

*X Jo Anne Holman*  
Signature of Campaign Treasurer or Deputy Treasurer

**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 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)    3. Address (include post office box or street, city, state, zip code)  
*Martha Lee Hornsby*    *4706 Sunrise Blvd.*

4. Telephone    5. E-mail address  
*(772) 465-2860*    *marthahornsby@aol.com*    *Ft. Pierce, FL 34982*

6. Office sought (include district, circuit, group number)    7. If a candidate for a nonpartisan office, check if applicable:  
*Clerk of Court*     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     *Democrat* Party candidate.

9. I have appointed the following person to act as my     Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer  
*Martha Hornsby*

11. Mailing Address    12. Telephone  
*4706 Sunrise Blvd.*    *(772) 465-2860*

13. City    14. County    15. State    16. Zip Code    17. E-mail address  
*Ft. Pierce*    *St. Lucie*    *FL*    *34982*    *marthahornsby@aol.com*

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

19. Name of Bank    20. Address  
*Harbor Community Bank*    *7510 U.S. 1*

21. City    22. County    23. State    24. Zip Code  
*Port St. Lucie*    *St. Lucie*    *FL*    *34986*

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    26. Signature of Candidate  
*2/11/15*     *Martha Hornsby*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  
 I, *Martha Hornsby*, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.  
*2/11/15*     *Martha Hornsby*  
 Date    Signature of Campaign Treasurer or Deputy Treasurer