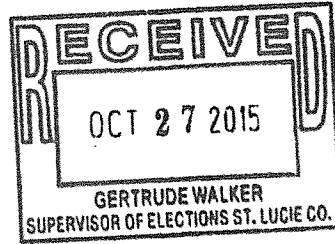


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(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)

JAMES MONDS

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

105 HILTON DRIVE, FORT PIERCE, FL 34946

**4. Telephone**

(772 ) 2001071

**5. E-mail address**

VOTEJAMESMONDS@GMA

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

ST. LUCIE COUNTY COMMISSIONER DISTRICT 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     DEMOCRATIC Party candidate.

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

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

ERICA RAMOS-MONDS

**11. Mailing Address**

1832 SE BERKSHIRE BLVD

**12. Telephone**

( 772 ) 6071977

**13. City**

PORT ST LUCIE

**14. County**

ST. LUCIE

**15. State**

FL

**16. Zip Code**

34952

**17. E-mail address**

ERICAMONDS@YAHOO.COM

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

**19. Name of Bank**

WELLSFARGO

**20. Address**

2592 S US1

**21. City**

FORT PIERCE

**22. County**

ST LUCIE

**23. State**

FL

**24. Zip Code**

34983

**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**

10/27/2015

**26. Signature of Candidate**

X

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

I, ERICA RAMOS-MONDS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

10/27/15

Date

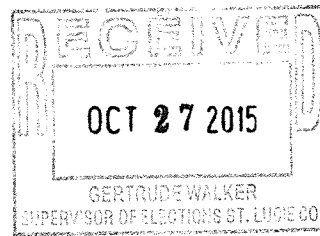
X

Signature of Campaign Treasurer or Deputy Treasurer

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

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

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

JAMES MONDS

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

105 HILTON DRIVE, FORT PIERCE, FL 34946

**4. Telephone**

(772 ) 2001071

**5. E-mail address**

VOTEJAMESMONDS@GMAIL.COM

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

ST. LUCIE COUNTY COMMISSIONER DISTRICT 1

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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     DEMOCRATIC Party candidate.

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

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

JAMES MONDS

**11. Mailing Address**

105 HILTON DRIVE

**12. Telephone**

( 772 ) 2001071

**13. City**

FORT PIERCE

**14. County**

ST. LUCIE

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**25. Date**

10/27/2015

**26. Signature of Candidate**

**X**

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

I, JAMES MONDS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

10/27/15

Date

**X**

Signature of Campaign Treasurer or Deputy Treasurer