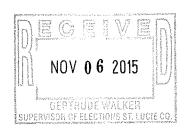
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(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:	reasure/Deputy Depository X Office X Party	
7 - V 1 7		
2. Name of Candidate (in this order: First, Middle, Last) Heis Paul Dzadovsky	3. Address (include post office box or street, city, state, zip code) 2006 Mariner Bay Blvcl	
4. Telephone 5. E-mail address, reglectorises of grading (772) 834-8539 (Cazaclovsky Doellsouth A	M Fost Pierce FL zugna	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if	
St. Lucie	applicable:	
County Commission District	My intent is to run as a Write-In candidate.	
8. If a candidate for a <u>partisan</u> 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		
BARBARA Wilkins		
11. Mailing Address	12. Telephone	
1002 JAMAICA AVC	(772)342-0944	
13. City 14. County 15. Sta		
FORT PIETCE Stilvie Pl		
18. I have designated the following bank as my		
19. Name of Bank	20. Address	
Oculina Bank	610 Delaware Ave.	
21. City 22. County	23. State 24. Zip Code	
Fort Plerce St. Lucie	FL 34950	
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 Capdidate	
11/6/15	X Child LL	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
1, Barhara Wilkins (Please Print or Type Name)	, do hereby accept the appointment	
designated above as: Y Campaign Treasurer Deputy Treasurer.		
Wales X	- MA	
- (1/6//5 A	Signature of Campaign Treasurer or Deputy Treasurer	
/ · Date	Signature of Campaign Freasurer Of Deputy Treasurer	

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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	
	le post office box or street, city, state, zip	
Chais Decodovsky	Marinee By Blad	
4. Telephone 5. E-mail address 2006	O: O	
4. Telephone 5. E-mail address (772) 834-8539 Reelectcheisdz@gm.l.com	Piera FL 34949	
7. If a cand	ndate for a <u>nonpartisan</u> office, check if	
applicat	ole: My intent is to run as a Write-In candidate.	
She County Commissioner Distant		
8. If a candidate for a <u>partisan</u> 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 Treat	surer 🙀 Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer		
Chris Dzadovsky		
11. Mailing Address	12. Telephone	
2006 Mariner Bay Blad	()	
13. City 14. County 15. State 16. Zip Code	17. E-mail address le elect chris dz 6) amail.com	
18. I have designated the following bank as my Primary Depositor		
19. Name of Bank 20. Address	1	
Oculing Bank 610 D	claures the	
21. City Fort Pierce 22. County 23. State FL	24. Zip Code 34950	
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 Cap	didate	
11/6/15 X CL		
27. Treasurer's Acceptance of Appointment (fill in the blanks and	check the appropriate block)	
1, Cheis Dzadovsku	, do hereby accept the appointment	
(Please Print or Type Name)	, do nereby accept the appointment	
designated above as: Campaign Treasurer Deput Te	asurer.	
11/6/K X	/Xh	