## 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 camp	aign account.			Assertant de conces de	A CALL SHARE SHARE SHARE THE STATE OF THE	romanamana maramanana	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							
Carol A. Hilson 3003 S.E. Crack Circle										
4. Telephone 5. E-mail address				PSC, F1. 34984						
(72) 519-0397 Carolh 1920 @ yahso Com  6. Office sought (include district, circuit, group number)  7. If a candidate for a nonpartisan office, check if										
6. Office sought (include district, circuit, group number)  7. If a candidate for a nonpartisan office, check if										
School Board of SLC. District #2 applicable:										
2011001		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										
Carol A. Hilson										
11. Mailing Address 12. Telephone										
3003 S.E. Galt Circle (772) 519-0397  13. City 14. County 15. State 16. Zip Code 17. E-mail address  PSL: St Lucse F1 34984 Carolh 1920 Oyahoo, com										
13. City 14.	County	15. State								
PSL: Stucre F			1 34984 Carolh 1920 Oyahoo, com							
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank			20. Address							
T.D. Bank			2211 OKeechobee Rd							
21. City			23. State				24. Zip Code			
Ff. Pierce Stillicie				F(.			3495	50		
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							
11/12/15			X Carol a Sieni							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I, Caval A. H. LSon (Please Print or Type Name)			, do hereby accept the appointment							
designated above as: Campaign Treasurer Deputy Treasurer.										
11/12/15 X Carol Ci-Seri										
Date Signature of Campaign Treasurer or Deputy Treasurer										