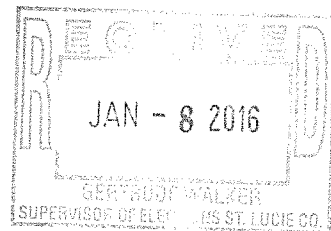


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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)

Ed Alonzo

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

217 Avenue A
Fort Pierce, FL 34950

4. Telephone

(772) 464-8930

5. E-mail address

alonzolawoffices@bellsouth.net

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

St Lucie County Judge, Group 3

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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Jamilah Simmons

11. Mailing Address

219 Avenue A

12. Telephone

(772) 489-2293

13. City

Fort Pierce

14. County

St Lucie

15. State

FL

16. Zip Code

34950

17. E-mail address

kealonzo@bellsouth.net

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

19. Name of Bank

Oculina Bank

20. Address

610 Delaware Avenue

21. City

Fort Pierce

22. County

St Lucie

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

1/8/16

26. Signature of Candidate

X

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

I, Jamilah Simmons, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/8/16
Date

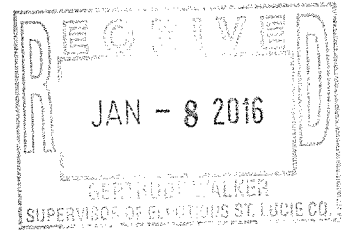
X

Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)



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Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

Ed Alonzo

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

217 Avenue A
Fort Pierce, FL 34950

4. Telephone

(772) 464-8930

5. E-mail address

alonzolawoffices@bellsouth.net

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

St Lucie County Judge, Group 3

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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Katharine Alonzo

11. Mailing Address

219 Avenue A

12. Telephone

(772) 489-2293

13. City

Fort Pierce

14. County

St Lucie

15. State

FL

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25. Date

1/8/16

26. Signature of Candidate

X

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

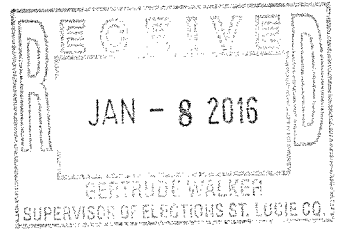
I, Katharine Alonzo, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/8/16
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.)



(PLEASE PRINT OR TYPE)

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OFFICE USE ONLY

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Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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217 Avenue A
Fort Pierce, FL 34950

4. Telephone

(772) 464-8930

5. E-mail address

alonzolawoffices@bellsouth.net

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

St Lucie County Judge, Group 3

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10. Name of Treasurer or Deputy Treasurer

Ed Alonzo

11. Mailing Address

217 Avenue A

12. Telephone

(772) 464-8930

13. City

Fort Pierce

14. County

St Lucie

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25. Date

1/8/16

26. Signature of Candidate

X

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

I, Ed Alonzo, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/8/16
Date

X
Signature of Campaign Treasurer or Deputy Treasurer