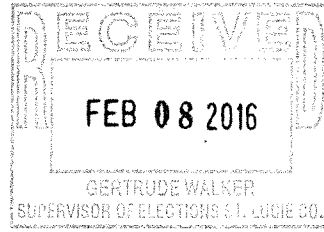


APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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):

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

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

Cathy Townsend

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

474 Peninsula DR
F Pierce FL 34946

4. Telephone

(772) 201-5503

5. E-mail address

harbarsidecathys@comcast.net

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

District 5 County Commissioner

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 [X] Campaign Treasurer [] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Danrel Kurek

11. Mailing Address

2138 SE Herrow Ave

12. Telephone

(772) 3424230

13. City 14. County 15. State 16. Zip Code 17. E-mail address
Port St Lucie St Lucie FL 34952 KurekTAX@A11.net

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

19. Name of Bank

SeaCoast

20. Address

U.S.1

21. City

Ft Pierce

22. County

St Lucie

23. State

FL

24. Zip Code

34945

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

2-8-16

26. Signature of Candidate

X Cathy Townsend

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

I, Danrel Kurek, do hereby accept the appointment (Please Print or Type Name)

designated above as: [X] Campaign Treasurer [] Deputy Treasurer.

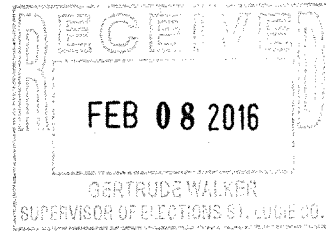
1/28/2016 Date

X [Signature] 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)

Cathy Townsend

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

474 Peninsula DR
FT PIERCE FL 34946

4. Telephone

(72) 201-5503

5. E-mail address

harborsidecathys@comcast.net

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

District 5 County Commissioner

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

Cathy Townsend

11. Mailing Address

474 Peninsula DR

12. Telephone

()

13. City

FT Pierce

14. County

ST Lucies

15. State

FL

16. Zip Code

34946

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25. Date

2-8-16

26. Signature of Candidate

X Cathy Townsend

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

I, Cathy Townsend, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2-8-16
Date

X Cathy Townsend
Signature of Campaign Treasurer or Deputy Treasurer