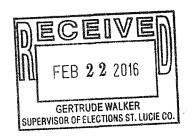
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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.



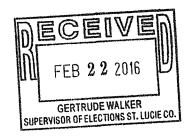
officer before opening the campaign accou	nt.				OFFICE	USE	ONLY
1. CHECK APPROPRIATE BOX(ES):							
Initial Filing of Form Re-filing to Ch	~ 	surer/Deputy	Depository		Office		Party
2. Name of Candidate (in this order: First, Middle, Last)		3. Address (include post office box or street, city, state, zip					
Bathryn Hensley in NE Surfside Ave.							
4. Telephone 5. E-mail address Part St. Lucie, Fl. 3495=						1/2	
11/18/8/84 CarlKathrynobollsouthinet							
6. Office sought (include district, circuit, group	number)	7. If a candidate for a <u>nonpartisan</u> office, check if					
School Board, Dist	4	applicable: 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 AffiliationParty candidate.							
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer							
10. Name of Treasurer or Deputy Treasurer							
11. Mailing Address 12. Telephone							
11. Mailing Address 12. Telephone							
17NE Sur side Ave. (772) 878-8954							
117NF Sur Side Ave. (772) 878- 13. City 14. County 15. State 16. Zip Code 17. E-mail address Vort St. Lucie St. Lucie Fl. 34983 CarlKathry Cobell					Sbe <i>llso</i>	u th	1124
18. I have designated the following bank as my Primary Depository Secondary Depository							
19. Name of Bank	20.	20. Address					
Seacoast		1901 5. U.S. Hwyl					
21. City 22. Count Ft. Pierce St.	ty	23. State		24	4. Zip Co		
	Lucie	F1.			3495	0	
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.	26. Signature of Candidate					
2.22.16	X	X hatheyn Ausley					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)							
I, Kathryn Hensley , do hereby accept the appointment (Please Print or Type Name)							
designated above as: Campaign Treasurer Deputy Treasurer.							
Date X Action Signature of Campaign Treasurer or Deputy Treasurer							
Date	Sign	nature of Campai	gn Treasurer or	Deputy 7	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: ☐ T	reasurer/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							
nathryn Hensley	code) 117 NE Surfside Ave.							
4. Telephone 5. E-mail address	Port St. Lucie, Fl. 34983							
(772) 878-8954 carl Kathynobellsouth.net								
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:							
School Board, District 4	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								
10. Name of Treasurer or Deputy Treasurer Carl Hensley								
11 Mailing Address								
117 NE SUNTSIDE AUE. (772) 878-8954								
13. City 14. County 15. Sta Fl. Lucie Fl.	16. Zip Code 17. E-mail address 34983 cankathron@bellsowthonet							
18. I have designated the following bank as my Primary Depository Secondary Depository								
19. Name of Bank Seacoast Bank 20. Address 1901 S. US Itury 21. City 22. County 23. State 24. Zip Code								
	23. State 24. Zip Code							
It Vierce St. Lucie	F1. 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 Candidate							
2-22-16	X Karthan Gerlen							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
I, <u>Carl Hensley</u> (Please Pant or Type Name)	, do hereby accept the appointment							
designated above as:								
2.22.16 × Calxender								
	Signature of Campaign Treasurer or Deputy Treasurer							