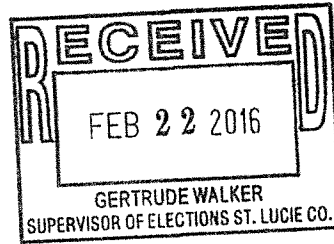


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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)

Kathryn Hensley

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

*117 NE Surfside Ave.
Port St. Lucie, Fl. 34983*

4. Telephone

(772) 878-8954

5. E-mail address

carlkathryn@bellsouth.net

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

School Board, Dist 4

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

Kathryn Hensley

11. Mailing Address

117 NE Surfside Ave.

12. Telephone

(772) 878-8954

13. City

Port St. Lucie

14. County

St. Lucie

15. State

Fl.

16. Zip Code

34983

17. E-mail address

carlkathryn@bellsouth.net

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

19. Name of Bank

Seacoast

20. Address

1901 S. U.S. Hwy 1

21. City

Ft. 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

2.22.16

26. Signature of Candidate

X *Kathryn Hensley*

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.

2.22.16

Date

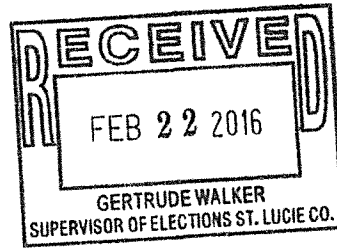
X

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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Kathryn Hensley

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

117 NE Surfside Ave.
Port St. Lucie, FL 34983

4. Telephone

(772) 878-8954

5. E-mail address

carlkathryn@bellsouth.net

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

School Board, District 4

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

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

10. Name of Treasurer or Deputy Treasurer

Carl Hensley

11. Mailing Address

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12. Telephone

(772) 878-8954

13. City

Port St. Lucie

14. County

St. Lucie

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25. Date

2-22-16

26. Signature of Candidate

X Kathryn Hensley

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

I, Carl Hensley, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2-22-16

Date

X Carl Hensley

Signature of Campaign Treasurer or Deputy Treasurer