

**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)

Armando Rodriguez

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

Elect ARodriguez for City of Port St Lucie City Council Dist #2
PO Box 880773
Port St Lucie, FL 34988

4. Telephone

(772) 834 5826

5. E-mail address

ElectARod2016@gmail.com

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

City of Port St Lucie City Council Dist #2

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

Florence Valdes

11. Mailing Address

1622 SE Sandia Dr

12. Telephone

(917) 498 5095

13. City

Port St Lucie

14. County

St Lucie

15. State

FL

16. Zip Code

34983

17. E-mail address

ElectARod2016@gmail.com

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

19. Name of Bank

Seacoast Bank

20. Address

1790 Gatlin Blvd

21. City

Port St Lucie

22. County

St Lucie

23. State

FL

24. Zip Code

34953

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

4/26/2016

26. Signature of Candidate

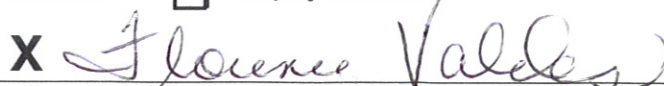
X 

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

I, Florence Valdes, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/26/2016

X 

APR 26 16 15:54

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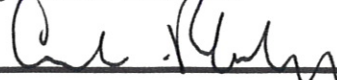
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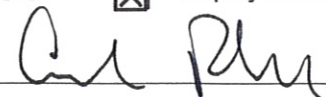
X 

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

I, Armando Rodriguez, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/26/16

X 

APR 26 16 15:54