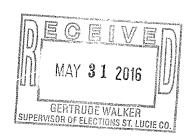
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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	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) Michelle Franklin				Address (include post office box or street, city, state, zip code) NW Arrowhead Terrace						
4. Telephone	5. E-mail address		Port St. Lucie, Florida 34986							
(772) 370-3939	2michellefranklin@g	mail.con	com							
Office sought (include district, circuit, group number) St. Lucie County Property Appraiser				7. If a candidate for a <u>nonpartisan</u> 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	Democ	ratic			Pa	irty cand	lidate.		
9. I have appointed the following person to act as my										
10. Name of Treasurer or Deputy Treasurer Michelle Sheperd										
11. Mailing Address 12. Telephone										
405 NE Midvale Street (772) 475-5973										
13. City	14. County	15. Stat	1	16. Zip Code 17. E-mail address						
Port St. Lucie	St. Lucie FL 34983 mmsheperd@gmail.com									
18. I have designated the following bank as my										
19. Name of Bank			20. Address							
Seacoast National Bank 19				901 South U.S. Highway 1						
21. City	22. County			23. State			24. Zip Code			
Fort Pierce	St. Lucie		Florida				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										
5/24/16 XM/ochelle Frankl:										
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I, Michelle Sheperd , do hereby accept the appointment								:		
(Please Print or Type Name)										
designated above as: Campaign Treasurer Deputy Treasurer.										
5/24/16 Date X Signature of Campaign Treasurer or Deputy Treasurer										
Date				Signature of Campaign Treasurer or Deputy Treasurer						

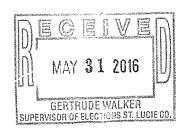
Rule 1S-2.0001, F.A.C.

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)	Address (include post office box or street, city, state, zip code)							
Michelle Rayonne Franklin								
4. Telephone 5. E-mail address	- 5430 NW Arrowhead Ter Saint Lucie West, FL 34986							
(772)3703939 Mranklin4pa@gmail. Lom	Sount Locie West, FL 37 Kie							
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if							
1) 2011/10 (0.00)	applicable:							
Jagerh Appraiser	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 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer								
10. Name of Treasurer or Deputy Treasurer								
Michele hanklin								
11. Mailing Address 12. Telephone								
5430 NW Arrowhead Ter (472) 370-3939								
13. City 14. County 15. State								
Port Saint Lucie St Lucie FI	34986 Mfranklin4pa@gmail. Com							
18. I have designated the following bank as my	Primary Depository Secondary Depository							
	20. Address							
Scacoast National	1901 South US Hay 1							
21. City 22. County St Lucia	23. State 24. Zip Code							
Fort Pierce St Lucia	Florida 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	26. Signature of Candidate							
30 may 2016	x Nichella Frankli							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
, Michelle Franklin	, do hereby accept the appointment							
(Please Print or Type Name)								
designated above as: Campaign Treasurer Deputy Treasurer.								
30 may 2016 X Whichelle From								
Date	ignature of Campaign Treasurer or Deputy Treasurer							