

# **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)**

LINDA CHRISTI GAUSTEN

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

9620 SW Royal Poinciana DR  
Port St. Lucie, FL 34987

**4. Telephone**

(772) 345-6669

**5. E-mail address**

Lgausten@yahoo.com

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

Port St. Lucie  
City Council - District 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**

Charles Gausten

**11. Mailing Address**

9620 SW Royal Poinciana DR.

**12. Telephone**

(772) 345-6669

**13. City**

Port St. Lucie

**14. County**

Port St. Lucie

**15. State**

FL

**16. Zip Code**

34987

**17. E-mail address**

cgausten@yahoo.com

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Wells Fargo

**20. Address**

10330 SW Village Center DR.

**21. City**

Port St. Lucie

**22. County**

St. Lucie

**23. State**

FL

**24. Zip Code**

34987

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**

5-20-2016

**26. Signature of Candidate**

X Linda C. Gausten

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

I, Charles Gausten

, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer

☐ Deputy Treasurer

5-20-2016

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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AND DESIGNATION OF CAMPAIGN  
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LINDA Christi GAUSTEN

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PORT ST. LUCIE, FL 34987

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10. Name of Treasurer or Deputy Treasurer

LINDA C. GAUSTEN

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DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

5-20-16

26. Signature of Candidate

X 

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

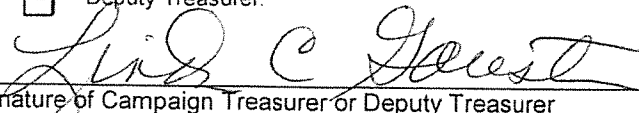
I, LINDA C. GAUSTEN, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer    ☒ Deputy Treasurer.

5-20-2016

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer