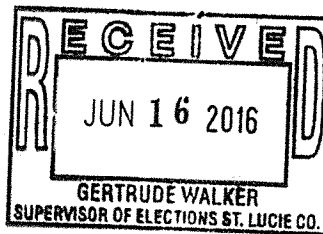


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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)

Pamela A. Elisofon

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

11612 S.W. Apple Blossom Trail
Port Saint Lucie, FL 34987

4. Telephone

(917) 623-0159

5. E-mail address

pelisofon@yahoo.com

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

CDD Board Member, Distr. #5, Seat 2
Tradition

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

Barry Elisofon

11. Mailing Address

11612 S.W. Apple Blossom Tr,

12. Telephone

(917) 974-7314

13. City Port Saint Lucie	14. County St Lucie	15. State FL	16. Zip Code 34987	17. E-mail address barryelisofon@yahoo.com
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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, ASL
FL 34987

21. City Port Saint Lucie	22. County St Lucie	23. State FL	24. Zip Code 349
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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

3/13/16

26. Signature of Candidate

X Pamela A Elisofon

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

I, Barry Elisofon, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/14/16
Date

X Barry Elisofon
Signature of Campaign Treasurer or Deputy Treasurer