## 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):												
	Re-	-filing to Change:	Т	reasu	urer/[	Deputy	Deposito	ory 🗌	Office		Party	
2. Name of Candidate (in t			ast)			dress (includ	e post offic	ce box or s	street, city,	state, z	zip	
FRITZ MASSON ALI	EXAND	)RE			code)							
4. Telephone	5. E-mail address				1302 SW PAAR DRIVE							
(321 ) 888-1371	frtzalex@yahoo.com				PORT SAINT LUCIE, FL 34953							
6. Office sought (include d	strict, ci	rcuit, group numb	oer)		7. If a candidate for a <u>nonpartisan</u> office, check if applicable:							
CITY COUNCIL DISTRICT 3					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 ☐						N/A		Pa	rty cand	didate.		
9. I have appointed the following person to act as my X Campaign Treasurer Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer ESTHER SAINT-FORT												
11. Mailing Address					12. Telephone							
1302 SW PAAR DR	IVE				( 786 ) 282-7826							
13. City	1	County	15. Sta		16. Zip Code 17. E-mail address							
PORT ST. LUCIE ST. LUCIE FLORI				RDI	DA 34953 esther.saintfort@yahoo.com							
18. I have designated the following bank as my				₹ P	Primary Depository Secondary Depository							
19. Name of Bank				l	20. Address							
OCULINA BANK					0 D	ELAWARE	E AVE.					
21. City FORT PIERCE	22. County					23. State FLOF	ארווט		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					26. Signature of Candidate							
02/09/2017 X						X fracefleredy						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I,	, do hereby accept the appointment											
(Please Print or Type Name)												
designated above as:												
02/09/	201	7	X	2		ther S	Anti-Pr	TSIC				
Date Signature of Campaign Treasurer or Deputy Treasurer												

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

(Section 106.021(1), F.S.)

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NOTE: This form must be on file with the qualifying

officer before opening the campaign account.					OFFICE USE ONLY							
1. CHECK APPROPRIATE B	OX(ES	s):										
	Re-	filing to Change:	□ T	reasu	ırer/D	eputy [	Deposito	ory 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)						lress (includ	e post offi	ce box or s	street, city,	state, :	zip	
FRITZ MASSON ALEXANDRE					code)							
Telephone 5. E-mail address					1302 SW PAAR DRIVE							
(321 ) 888-1371	frtza	frtzalex@yahoo.com				PORT SAINT LUCIE, FL 34953						
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if							
CITY COUNCIL DISTRICT 3					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					N/A Party candidate.							
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer FRITZ MASSON ALEXANDRE												
11. Mailing Address					12. Telephone							
1302 SW PAAR DRIVE								( 321 )	888-13	71		
13. City					_							
PORT ST. LUCIE   ST. LUCIE   FLORID				RIDA	DA 34953 frtzalex@yahoo.com							
18. I have designated the following bank as my				Z P	Primary Depository Secondary Depository							
					20. Address							
					0 DI	ELAWARE						
21. City					23. State FLORIDA				24. Zip C			
FORT PIERCE ST. LUCIE												
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					26. Signature of Candidate							
02/09/2017 X					X Proof landy							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I,FRITZ MASSON ALEXANDRE							, do he	reby accep	ot the appo	intmen	t	
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deput Treasurer												
02/09/2017 X +000//mets-												
Date Signature of Campaign Treasurer or Deputy Treasurer												