

**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)

*FRITZ MASSON Alexandre*

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

*1302 SW Parr Dr*

**4. Telephone**

*(321) 888-1371*

**5. E-mail address**

*fritzalex@yahoo.com*

*PORT St. Lucie FL 34953*

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

*City Council -> District 3*

**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**

*GUY R. BERNADIN*

**11. Mailing Address**

*592 SW Terra ave*

**12. Telephone**

*(772) 418-0282*

**13. City**

*Port St Lucie*

**14. County**

*St Lucie*

**15. State**

*FL*

**16. Zip Code**

*34953*

**17. E-mail address**

*Guylerock@gmail.com*

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

Primary Depository     Secondary Depository

**19. Name of Bank**

*Wachovia Bank*

**20. Address**

*610 Delaware Ave*

**21. City**

*Fort Pierce*

**22. County**

*St. Lucie*

**23. State**

*FL*

**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**

*October 17<sup>th</sup> 2017*

**26. Signature of Candidate**

*X* 

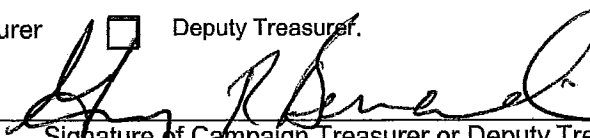
**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, *Guy R BERNADIN*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

*10/17/17*  
Date

*X*

  
Signature of Campaign Treasurer or Deputy Treasurer

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Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)  
FRITZ MASSON ALEXANDRE

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

**4. Telephone**  
(321 ) 888-1371

**5. E-mail address**  
frtzalex@yahoo.com

1302 SW PAAR DRIVE  
PORT SAINT LUCIE, FL 34953

**6. Office sought** (include district, circuit, group number)  
CITY COUNCIL DISTRICT 3

**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     \_\_\_\_\_ 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**  
1302 SW PAAR DRIVE

**12. Telephone**  
( 321 ) 888-1371

**13. City**  
PORT ST. LUCIE

**14. County**  
ST. LUCIE

**15. State**  
FLORIDA

**16. Zip Code**  
34953

**17. E-mail address**  
frtzalex@yahoo.com

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

**19. Name of Bank**  
OCULINA BANK

**20. Address**  
610 DELAWARE AVE.

**21. City**  
FORT PIERCE

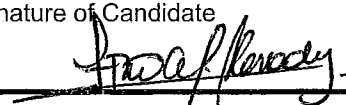
**22. County**  
ST. LUCIE

**23. State**  
FLORIDA

**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**  
02/09/2017

**26. Signature of Candidate**  
 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, FRITZ MASSON ALEXANDRE, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer

02/09/2017  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer