

**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 PAAR Dr  
PORT ST. Lucie, FL 34953**

**4. Telephone**

**(321) 888-1371**

**5. E-mail address**

**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**

**Lucia Beauchamp Fanjan**

**11. Mailing Address**

**1650 SE Memorial Street**

**12. Telephone**

**(321) 525-5038**

**13. City**

**PORT ST. Lucie**

**14. County**

**ST. Lucie**

**15. State**

**FL**

**16. Zip Code**

**34983**

**17. E-mail address**

**Ladylove.mother@qol.com**

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

Primary Depository     Secondary Depository

**19. Name of Bank**

**Uculina 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**

**11-16-2017**

**26. Signature of Candidate**

**X** 

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

I, **Lucia Beauchamp Fanjan**, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

**11-16-2017**

Date

**X**

Signature of Campaign Treasurer or Deputy Treasurer

**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 PAAR Dr  
PORT ST. LUCIE, FL 34953**

4. Telephone

**(321) 888-1371**

5. E-mail address

**frizalex@yahoo.com**

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

**FRITZ MASSON Alexandre**

11. Mailing Address

**1302 SW PAAR Dr**

12. Telephone

**(321) 888-1371**

13. City

**PORT ST. LUCIE**

14. County

**ST. LUCIE**

15. State

**FL**

16. Zip Code

**34953**

17. E-mail address

**frizalex@yahoo.com**

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

**WELLS 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

**11-16-2017**

26. Signature of Candidate

**X** 

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)

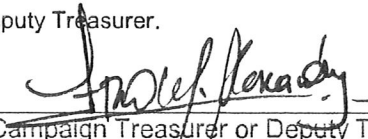
designated above as:     Campaign Treasurer     Deputy Treasurer.

**11-16-2017**

Date

**X**

Signature of Campaign Treasurer or Deputy Treasurer




resignation  
Guy Bernadin  
592 SW Tarra ave  
Port St Lucie FL34953  
cell (772-418-0282)

FRITZ M. ALEXANDRE  
Candidate for City Council

Dear Mr. Alexandre,  
Please accept my resignation for the campaign treasurer position effective immediately.  
My decision to leave the campaign was made after long and careful consideration of all factors affecting the campaign, my family and my career.  
I can only express my sincere appreciation to you and the entire group for all your support cooperation and encouragement over the past month during my tenure as treasurer. I will always remember my short tenure as treasurer of the campaign for the personal growth it afforded and for the numerous friendship engendered.

your truly,



Guy R Bernadin