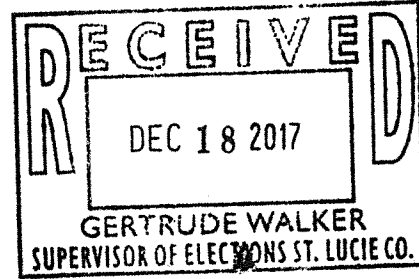# APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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.

RECEIVED
DEC 18 2017
GERTRUDE WALKER
SUPERVISOR OF ELECTIONS ST. LUCIE CO.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

2. Name of Candidate (in this order: First, Middle, Last)
Cheryl White

3. Address (include post office box or street, city, state, zip code)
2717 SE Kern Rd
Port St Lucie Fl. 34984

4. Telephone
(772) 260-5038

5. E-mail address
whitecr@mail.irsc.edo

6. Office sought (include district, circuit, group number)
St Lucie County Commissioner 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 [X] Republican _____ Party candidate.

9. I have appointed the following person to act as my [X] Campaign Treasurer [ ] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Cheryl White

11. Mailing Address
2717 SE Kern Rd Port St Lucie Fl. 34984

12. Telephone
(772) 260-5038

13. City
Port St Lucie

14. County
St Lucie

15. State
Fl.

16. Zip Code
34984

17. E-mail address
whitecr@mail.irsc.edo

18. I have designated the following bank as my [X] Primary Depository [ ] Secondary Depository

19. Name of Bank
TD Bank

20. Address
8000 S. US Highway 1

21. City
Port St Lucie

22. County
St Lucie

23. State
Florida

24. Zip Code
34952

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
12-18-17

26. Signature of Candidate
X Cgl White

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

I, Cheryl White , do hereby accept the appointment
(Please Print or Type Name)

designated above as: [X] Campaign Treasurer [ ] Deputy Treasurer.

12-18-17
Date

X Cgl White
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)   Rule 1S-2.0001, F.A.C.