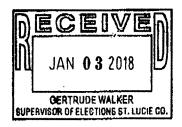
## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(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) 3. Address (include post office box or street, city, state, zip 1391 N.W. St. Wie west Albel 共387 4. Telephone BITST. LUCIE, FI, 34986 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if DISHICT 2, Sount Lucie Commission 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 Vemocat মে Write-In No Party Affiliation Party candidate. Campaign Treasurer **Deputy Treasurer** 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer MEGHEN HEYMES 12. Telephone 11. Mailing Address DID 5 THE STREET (つる)ショ・ロカカラ 13. City 16. Zip Code 17, E-mail address 14. County 15. State Meghan@cbh-occountad.com 34950 ちゃ ししこ 日 Fort Pierce 18. I have designated the following bank as my Primary Depository Secondary Depository 1660 S.W. Sairt Lucie West Blude 19. Name of Bank 20. Address 22. County 23. State 24. Zip Code 21. City St. Wck **Ŧ**( 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. 26. Signature of Candidate 25. Date 1-3-2018 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. designated above as: Campaign Treasurer Signature of Campaign Treasurer or Deputy Treasurer