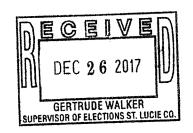
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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.



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 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip DARYL "IKE" ISENHOWER

| 5. E-mail address P.O. BOX 880115 PORT ST LUCIS FL 34988 (772) 218-0610 | KEEF IKE JUDGE E GMAIL. COM 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: StLucie Courty Court Judge Group 1 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 CHRISTOPHER FOGAL 11. Mailing Address 12. Telephone City 14. County 15. State 16. Zip Code 17. E-mail address ST Lucie FL 34950 CFOGALE (772) 461-5511 13. City CFOGAL@ CRICPA. COM 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 1901 Sound US HEHWAY 21. City 22. County 24. Zip Code 74950 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. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. (Please Print or Type Name) , do hereby accept the appointment Campaign Treasurer designated above as: Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer