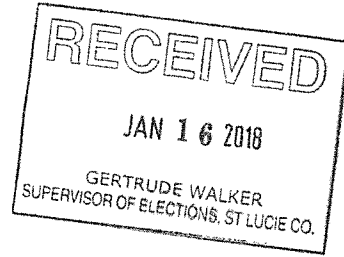


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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 code)
Donna Maria Mills *PO Box 311*

4. Telephone 5. E-mail address
(772) 267-7364 *doctor.donnamills@aol.com* *Fort Pierce, Fl. 34954*

6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable:
St Lucie County School Board Member, District 3 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
Donna Mills

11. Mailing Address 12. Telephone
P.O. Box 311, Fort Pierce, Fl. 34954 *(772) 267-7364*

13. City 14. County 15. State 16. Zip Code 17. E-mail address
Fort Pierce *St. Lucie* *Fl.* *34954* *doctor.donnamills@aol.com*

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

19. Name of Bank 20. Address
Wells Fargo *1410 SW St. Lucie West Blvd*

21. City 22. County 23. State 24. Zip Code
Port St. Lucie *St. Lucie* *Fl.* *34986*

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
January 16, 2018 **X** *Donna Mills*

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

designated above as: Campaign Treasurer Deputy Treasurer
1-16-2018 **X** *Donna Mills*
 Date Signature of Campaign Treasurer or Deputy Treasurer