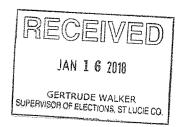
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(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. ÇHECK 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 6135 Lila Court Ft. Pierce, Fl. 34951 (772) 216-5233 Vote bobby Ropkins 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if St. Lacie County Commissioner Dist 2 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 M Republican 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 11. Mailing Address 12. Telephone (772)216-5233 13. City 14. County 16. Zip Code 17. E-mail address 15. State St. Lucie 34951 votebobby hopkins @ aol. com 18. I have designated the following bank as my Primary Depository Secondary Depository 20. Address 22 11 19. Name of Bank 21. City 22. County 23. State 24. Zip Code 34947 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 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Date Signature of Campaign Treasurer or Deputy Treasurer