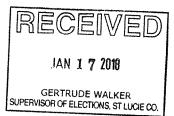
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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

officer before opening th	e campa	igii account.								OF	-FICE (J2E	ONLY		
1. CHECK APPROPRIATE Initial Filing of Form	•	S): -filing to Change	»: 🔲 🧵	Treasu	rer/D	Deputy [] Dep	ository] Off	fice		Party		
2. Name of Candidate (in	3.	3. Address (include post office box or street, city, state, zip													
Ken J. Mascara						code) P.O. Box 13416									
4. Telephone	5. E-ma	il address	Fc	Fort Pierce, FL 34979											
	mascaraforsheriff@gmail.com														
Office sought (include district, circuit, group number) Sheriff of St. Lucie County						7. If a candidate for a <u>nonpartisan</u> 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 ☑ Democratic Party candidate.															
9. I have appointed the following person to act as my															
Chris Fogal	10. Name of Treasurer or Deputy Treasurer Chris Fogal														
11. Mailing Address 12. Telephone															
2112 South U.S. 1		(772) 461-5511													
13. City	14. County 15. Star St. Lucie FL				e 16. Zip Code 17. E-mail address										
Fort Pierce	;	34950 cfogal@cricpa.com													
18. I have designated the following bank as my Primary Depository Secondary Depository															
						20. Address									
						901 South U.S. 1									
21. City					23. State		į į			24. Zip Code					
Fort Pierce	erce St. Lucie					Florida				34950					
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. Si	6. Signature of Candidate													
January 17, 2018	X /	MM//Mm													
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)															
ı, Chis Fogal							do	hereby	accen	t the ar	nnointn	ant			
(Please Print or Type Name), do hereby accept the appointment															
designated above as:															
January 17, 2018 X															
Date	Signat	ure o	of Campaig	n Trea	surer or	Depu	tv Trea	surer							