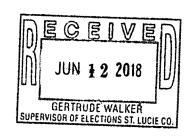
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying



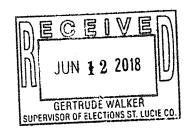
officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Partv 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) trances trannle Hutchinson 3115 MARAVILLA BLVD ftpierce fl 34982 4. Telephone 5. E-mail address francie hutchinson@ bell south-net 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. Stlucie Co. Cammissian Dista 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 区 Republican No Party Affiliation Write-In Party candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer BRIBONE HUTCHINSON 11. Mailing Address 12. Telephone (772)201-13. City 14. County 15. State 16. Zip Code 17. E-mail address 34945 HA PIERCE briannehutche St Lucie 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address Center State Band 5001 Okeechabee R 21. City 22. County 23. State 24. Zip Code 17 Pierce St <u>Lucie</u> 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. anne Hutchinson , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. designated above as: 冈 Campaign Treasurer

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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 code) 3/15 MARAVILLARLUD trances tranne Autohinson A+718 eGC. A 34982 4. Telephone 172 1971 2337 Francie hutchinson 6 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. Stlucie Co. Cammissian DISTA 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 Beaulican 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 3115 MARAVILLA BLVD 13. City 14. County (772)971.23315. State 16. Zip Code 17. E-mail address 44 Pierce 34982 franni-ehutchinson(a) Primary Depository □ Secondary Depository 18. I have designated the following bank as my 19. Name of Bank 20. Address ienter State P 5001 Okeechobee Ro 21. City 22. County 23. State 24. Zip Code Finence 3 Lucie 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) res France Hutchinson (Please Print or Type Name) , do hereby accept the appointment Campaign Treasurer designated above as: Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer