

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

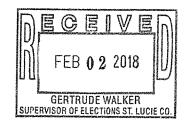
(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFI	CF	HSF	ONI	V

Onicer before opening in	e campa	ngn account.								UFFIL	E USE	UNLT
1. CHECK APPROPRIATE Initial Filing of Form	•	S): e-filing to Change	» 🔲 -	Treas	urer/D	eputy		Deposito	ory [Office	Ē	Party
2. Name of Candidate (in	2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip						zip
Steven Christopher Allen			,	code) 3402 SW Ellis St.						 -		
4. Telephone	5. E-ma					t Lucie	, FL	34953				
,		.allen@email.										
6. Office sought (include of	-		iber)		7. If a candidate for a <u>nonpartisan</u> office, check if							
Saint Lucie County School Board, District 1				applicable: My intent is to run as a Write-In candidate.								
8. If a candidate for a part	isan off	ice, check bloc	k and fil	l in n	ame o	of party	as a	pplicable	: My int	ent is to ru	n as a	
Write-In No Party Affiliation Party candidate.												
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer												
Steven Christopher Alle	n		···									
11. Mailing Address									12. Tele	phone		
3402 SW Ellis St.									(772) 323-95	17	
13. City	l.	County	15. St	ate	I	Zip Code	e 1	17. E-mai	l address			
Port St. Lucie	Saint	t Lucie	FL		3495	53	s	teven.a	llen@er	nail.com		
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank				20. Address								
Harbor Community Bank				1549 NW St. Lucie West Blvd.								
21. City		22. County			ĺ	23. Sta	ate			24. Zip C	ode	
Port St. Lucie		Saint 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.	Signat	ure of C	andio	date				
02/02/2018				X		<u>On</u>	\mathcal{L}	i				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
l ,		n Christopher						, do hen	eby accer	t the appo	intment	
(Please Print or Type Name)												
designated above as:	\boxtimes	Campaign T	Freasure	r	旦	Deputy 7	Treas	surer.				
02/02/20)18		X][2							
Date Signature of Campaign Treasurer or Deputy Treasurer												
			_		-							

DS-DE 9 (Rev. 10/10) Rule 1S-2.0001, F.A.C.



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 th	e campaign account.						OFFICE	USE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form	E BOX(ES): Re-filing to Change	: 🔀 Tre	asurer/Dep	utv [1 Depository		Office	П	Party
						av ar ei		atata :	
·	2. Name of Candidate (in this order: First, Middle, Last)			ss (ii iciuc	le post office b	UX UI SI	ileet, City,	State, A	Δiþ
Steven Christopher All	en		3402 SV	V Ellis S	St.				
4. Telephone	5. E-mail address	Port St L	_ucie, F	L 34953					
	steven.allen@email.								
6. Office sought (include of		ber)	7. If a candidate for a <u>nonpartisan</u> office, check if						
Saint Lucie County Sch	nool Board, District 1		applicable:						
		WK			My intent is to	run as	a Write-Ir	n candi	date.
8. If a candidate for a par	<u>tisan</u> office, check block	k and fill in	name of p	party as	applicable:	My inte	nt is to rur	as a	
Write-In No	Party Affiliation		· · · · · · · · · · · · · · · · · · ·			Par	ty cand	lidate.	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer									
Jennifer Lynn Allen									
11. Mailing Address					12	. Telep	hone		
3402 SW Ellis St.			(7	772)	323-951	7			
13. City	14. County	15. State	16. Zip	Code	17. E-mail ad	dress			
Port St. Lucie	Saint Lucie	FL	34953		jennyla1022	@iclo	ud.com		
18. I have designated the following bank as my Primary Depository Secondary Depository									
19. Name of Bank		2	0. Address						
Harbor Communi	ty Bank	16	WH PYE	15+1	vic West	Bive	٠.		
21. City	22. County		2:	3. State			24. Zip Co	ode	
Port St-Luric	Saint luxi	ic		EC			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		20	6. Signature	e of Cano	didate		*****		
02/02/2018		1	(1)	Ya)					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
Jennifer Lynn Allen do hereby accept the appointment									
(Please Print or Type Name) , do hereby accept the appointment									
designated above as:	Campaign T	reasurer	⊠ De	eputy Trea	asurer.				
02/02/2018 X Neg Till									
Date Sphature of Campaign Treasurer or Deputy Treasurer									

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.