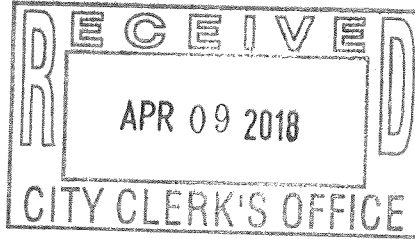


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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)

Henry Montavious Duhart

3. Address (include post office box or street, city, state, zip code)

638 S 12th St., Fort Pierce, FL 34950

4. Telephone

(772)672 9871

5. E-mail address

Bethechange772@gmail.com

6. Office sought (include district, circuit, group number)

City Commissioner # 1

7. If a candidate for a nonpartisan 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 Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Henry Duhart

11. Mailing Address

638 S 12th St

12. Telephone

(772)672 9871

13. City

Fort Pierce

14. County

St Lucie

15. State

Fl

16. Zip Code

34950

17. E-mail address

Apollovegaexp@gmail

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

19. Name of Bank

TD Bank

20. Address

2211 Okeechobee Rd

21. City

Fort Pierce

22. County

St Lucie

23. State

FL

24. Zip Code

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

04-9-18

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Henry Duhart, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

04-9-18

Date

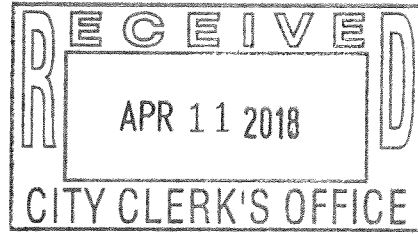
X

Signature of Campaign Treasurer or Deputy Treasurer

**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)

Henry Duhart

3. Address (include post office box or street, city, state, zip code)

638 S 12th St.
Fort Pierce, FL 34950

4. Telephone

(772) 672 9871

5. E-mail address

Bethechange@gmail.com

6. Office sought (include district, circuit, group number)

City Commissioner

7. If a candidate for a nonpartisan 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 Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Ashley Creel

11. Mailing Address

160 Liberty way

12. Telephone

(772) 224 1481

13. City

Fort Pierce

14. County

St. Lucie

15. State

FL

16. Zip Code

34951

17. E-mail address

Ashley.Creel@yahoo.com

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

19. Name of Bank

TD Bank

20. Address

2211 Okeechobee Rd

21. City

Fort Pierce

22. County

St. Lucie

23. State

FL

24. Zip Code

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

04-10-18

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Ashley Creel, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

04-10-18

Date

X

Signature of Campaign Treasurer or Deputy Treasurer