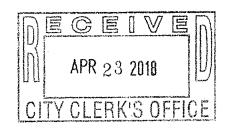
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying



OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: X Treasurer/Deputy Depository 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 509 MADES DRIVE FORT PIERCE, FL 34947 (561) 866-6266 Alonza, Working @ outlook, e.m.
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if City of Fort Pierce Commission, District I, Seat 5 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 12. Telephone 509 MADES DREVE 13. City 14. County 17. E-mail address 15. State 16. Zip Code FORT PIERRE FL ST. Lucie 34947 Alonza. Wathing @ outlook.com 18. I have designated the following bank as my Rrimary Depository Secondary Depository 19. Name of Bank 20. Address PNC BANK 500 VIRGINIA AUE 21. City 22. County 23. State 24. Zip Code FLOREDA 34982 5+. 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 4-23-18 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Alonza Wakkins
(Please Print or Type Name) , do hereby accept the appointment designated above as: Campaign Treasurer Deputy Treasurer. 4-23-18 Date Signature of Campaign Treasurer or Deputy Treasurer