## 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.

RECEIVED

MAY 0 3 2018

GERTRUDE WALKER SUPERVISOR OF ELECTIONS, ST LUCIE CO.

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 70035 hannon Deive 4. Telephone 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. 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 Partv candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer averNE 12. Telephone (772)359-5955 13. City 15. State 16. Zip Code 17.\_E-mail address St. Lucie GMAMA 1DH510 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 21. City 22. County 24. Zip Code eRO 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) TRICTOR HOWY!SON , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.

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officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	Treasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
GRAN Olenthyn Ross	code) 7003 SHAHMON DRIVE.
4. Telephone 5. E-mail address	Dr. PIERCE OL 34951
1772+579-3754 FISHOR ACL, CO	
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
GRO,	applicable:
St. Luce County Junge	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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	
JEAN POS	
11. Mailing Address 12. Telephone	
7003 SHAMMON DRIVE (772) 579-3754	
13. City 14. County 15. St	tate 16. Zip Code 17. E-mail address
ST. PIERCE ST. LUCE & 34951 FISHOR Ad, com	
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address
PNC Bank	958 20th Place
21. City 22. County	23. State 24. Zip Code
VERO BEACH INDIAN TON	12R OL 32960
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
5/3/2018	X Tran Propo
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1, SRAM ROBS	, do hereby accept the appointment
(Please Print or Type Name)	, as nearly accept the appointment
designated above as: Deputy Treasurer Deputy Treasurer.	
5/3/2018 X	Gran Ross
Date	Signature of Campaign Treasurer or Deputy Treasurer