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)
HELEN Viviane Henderson

4. Telephone
███████

5. E-mail address
helenhenderson2018@yahoo.com

3. Address (include post office box or street, city, state, zip code).
P.O. Box 12901
Ft. Pierce, FL 34979   (HH)

6. Office sought (include district, circuit, group number)
St. Lucie County Commissioner, District 4

7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
☐ 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   ☒ Democrat _____ Party   candidate.

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

10. Name of Treasurer or Deputy Treasurer
Valencia Ducheine

11. Mailing Address
11709 NW 11th St. P

12. Telephone
(321) 356-8533

13. City
Pembroke Pine

14. County
Broward

15. State
FL

16. Zip Code
33026

17. E-mail address
Valducheine@yahoo.com

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

19. Name of Bank
Seacoast Bank

20. Address
9698 S. US Hwy 1

21. City
Port St. Lucie

22. County
St. Lucie

23. State
FL

24. Zip Code
34952

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
5/12/18

26. Signature of Candidate
X _____

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

I, _____ Valencia Ducheine _____ , do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer   ☒ Deputy Treasurer.

5/12/18
_____ Date

X _____
Signature of Campaign Treasurer or Deputy Treasurer

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