| APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) | | | | RECEIVED FEB 1 4 2019 GERTRUDE WALKER SUPERVISOR OF ELECTIONS, ST LUCIE CO | | | | | | | | |
|--|----------------------------|-------------------------|----------|---|--|-----------------------------|-------------|---------|---------------------|-----|------|--|
| (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 | Freasi | urer/Deputy | | Depositor | у 🗆 | Office | | Party | | | | |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | | 3. Address (include post office box or street, city, state, zip | | | | | | | |
| GERTRUDE WALKER | | | | | code) | | | | | | | |
| 4. Telephone | elephone 5. E-mail address | | | | PO BOX 12221 FORT PIERCE, FL 34981 | | | | | | | |
| (772) 579-5191 | gwalke | ercampaign@g | gmail.c | 1 | OTCH T LETC | , | 1 2 0 100 | | | | | |
| 6. Office sought (include district, circuit, group number) SLC SUPERVISOR OF ELECTIONS | | | | | 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 DEMOCRATIC Party candidate. | | | | | | | | | | | | |
| 9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer | | | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer GERTRUDE WALKER | | | | | | | | | | | | |
| 11. Mailing Address PO BOX 12221 | | | | | 12. Telephone (772) 579-5191 | | | | | | | |
| 13. City | 14. 0 | 14. County 15 | | | 16. Zip Code | Zip Code 17. E-mail address | | | | | | |
| FORT PIERCE | ST. I | | FL | 34981 gwalkercampaign@gmail.com | | | | | | | | |
| 18. I have designated the following bank as my | | | | | | | | | | | | |
| 19. Name of Bank | | | | | 20. Address | | | | | | | |
| CENTER STATE BANK | | | | 5001 OKEECHOBEE RD | | | | | | | | |
| 21. City FORT PIERCE | | 22. County ST. LUCIE | | | 23. Sta FL | te | | | 24. Zip Co 34947 | de | | |
| 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 | | | | | | | |
| 2/14/19 | | | | | X / Untrude Tehler | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | | |
| I,, do hereby accept the appointment (Please Print or Type Name) | | | | | | | | | | | | |
| designated above as: | Ì | | | r | Deputy | Гrea | surer. | , | | | | |
| 2/14/19 | | Aut | t | - | fee | / | | | | | | |
| Date | | | <u>X</u> | Sign | ature of Camp | aigr | n Treasurer | or Depu | ty Treasure | r | | |