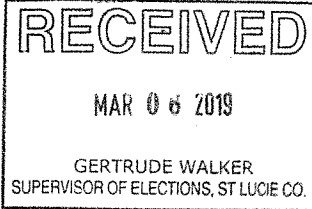


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(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)

Betty Jo Starke

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

2510 S. 15th St.

**4. Telephone**

(772) 466 4717

**5. E-mail address**

Betsta440@afl.net

Fort Pierce, FL 34982

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

St Lucie County Commission District 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    ☒ Republican Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

Sandra Jackson

**11. Mailing Address**

2138 SW Barthel St

**12. Telephone**

(772) 882 1984

**13. City**

Port St Lucie

**14. County**

St Lucie

**15. State**

FL

**16. Zip Code**

34984

**17. E-mail address**

Sandy0940@afl.net

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

**19. Name of Bank**

CENTER STATE

**20. Address**

200 South Indian River Pkwy

**21. City**

FT 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**

March 6, 2019

**26. Signature of Candidate**

X Betty Jo Starke

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

I, Sandra Jackson, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer    ☒ Deputy Treasurer.

3-6-19

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

Sandra Jackson