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: ☑ T	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last) Sherta Davis on hison	3. Address (include post office box or street, city, state, zip code) 4868 Kings Hwy Ft. Pierce, FW34951
4. Telephone (172) 242 - 3599 Vote sheriffer ohusur egman	ilian
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Stilliene County Supervision of	
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 WParty candidate.	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer A NEWNA N. MUSSO	
11. Mailing Address U3/Le Springlate Tevace 12. Telephone (772)241-4574	
13. City Ft, Pièce St. Lucie FL 34951 aheithardosegnail. Com	
18. I have designated the following bank as my	
Seacoast Bank	20. Address 1901 SUS HWY
21. City Fort Pierce 22. County St. Chile	23. State 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.	
al 01/20	26. Signature of Candidate X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Lakeitha N. Jackson (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer	Deputy Treasurer.
June 1, 202 d Date	Signature of Campaign Treasurer or Deputy Treasurer