APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	MAY 03 2019
(PLEASE PRINT OR TYPE)	CITY CLERKO COMOS
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) 4. Telephone (772) 579 - 1347 John Scold Official	3. Address (include post office box or street, city, state, zip code) 303 N 30th St. Fort Pierce, FL
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Fort Pierce City Commissioner Distrit 1 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 AffiliationParty candidate.	
9. I have appointed the following person to act as my 🛛 Campaign Treasurer 🔲 Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address 638 S. 12th Street	12. Telephone (772) 882-2894
13. City Ft. Pierce St. Lucie FL	
18. I have designated the following bank as my 🕅 Primary Depository 🔲 Secondary Depository	
19. Name of Bank	20. Address
21. City 22. County	23. State 24. Zip Code
Fort Pierce St. Sound Lucie	Flanda 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	26. Signature of Candidate
50319	× 1616/1.
27.       Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)         1,       Natasha       Kobinson       , do hereby accept the appointment         (Please Print or Type Name)       , do hereby accept the appointment	
designated above as: 🗹 Campaign Treasurer	
May 2, 2019 X 4 June Master or Deputy Treasurer	

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