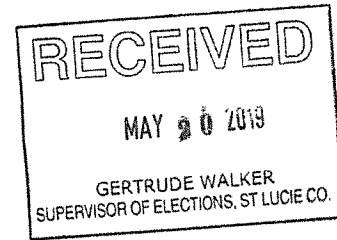


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(2) and 106.021(1), F.S.)



CHECK APPROPRIATE BOX:

Initial Filing for: ☒ Primary Treasurer ☐ Deputy Treasurer

Re-filing to Change: ☐ Primary Treasurer ☐ Deputy Treasurer ☐ Primary/Secondary Depository

OFFICE USE ONLY

1. Committee <u>Empower St. Lucie</u>		2. Telephone <u>(772) 237-0984</u>	
3. Name of Treasurer or Deputy Treasurer <u>Anthony Bonna</u>		4. Email (optional) <u>anthony@anthonybonna.com</u>	
5. Telephone (optional) <u>(772) 237-0984</u>		6. Mailing Address <u>PO Box 7321, Port St Lucie, FL 34985</u>	
7. Street Address <u>844 SW Tulip Blvd, Port St. Lucie, FL 34985</u>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <u>centerstate Bank</u>		10. Street Address <u>200 S. Indian River Dr, Ste. 100</u>	
11. City <u>Fort Pierce</u>		12. State <u>FL</u>	13. Zip Code <u>34950-4387</u>
14. Signature of Chairman X <u>Anthony Bonna</u>		15. Name of Chairman (Print or Type) <u>Anthony Bonna</u>	

Campaign Treasurer's Acceptance of Appointment

I, Anthony Bonna, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for Empower St. Lucie
(Committee)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

05/20/19

Date

X

Signature of Campaign Treasurer or Deputy Treasurer