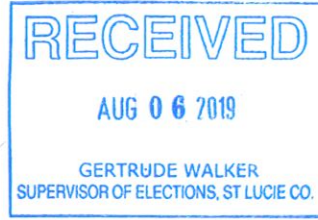


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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)

Christopher James Thompson

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

549 SW Nautical Ave
Port St. Lucie, FL 34984

4. Telephone

(248) 238-7981

5. E-mail address

SL285@yahoo.com

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

St. Lucie County Commissioner
District 3

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

Christopher James Thompson

11. Mailing Address

549 SW Nautical Ave

12. Telephone

(248) 238-7981

13. City

Port St Lucie

14. County

St. Lucie

15. State

FL

16. Zip Code

34984

17. E-mail address

SL285@yahoo.com

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

19. Name of Bank

Wells Fargo

20. Address

1410 SW St. Lucie W Blvd

21. City

Port St. Lucie

22. County

St. Lucie

23. State

FL

24. Zip Code

34984

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

8/2/19

26. Signature of Candidate

X

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

I, Christopher Thompson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8/2/19

X

Signature of Campaign Treasurer or Deputy Treasurer