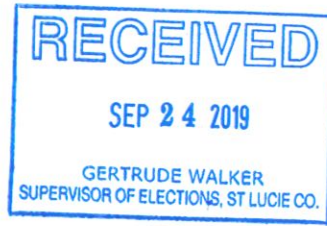


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(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)

**FRITZ MASSON Alexandre**

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

**1302 SW PAAR Drive**

4. Telephone

**(321) 888-1371**

5. E-mail address

**frtalex@yahoo.com**

**PORT ST. LUCIE, FL 34953**

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

**COUNTY COMMISSIONER DISTRICT 5**

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     **DEMOCRATIC** Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

**FRITZ MASSON Alexandre**

11. Mailing Address

**1302 SW PAAR Drive**

12. Telephone

**(321) 888-1371**

13. City

**PORT ST. LUCIE**

14. County

**ST. LUCIE**

15. State

**FL**

16. Zip Code

**34953**

17. E-mail address

**frtalex@yahoo.com**

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

19. Name of Bank

**FCULINABANK/IBMSECU**

20. Address

**610 Delaware Ave**

21. City

**PORT 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

**09/23/2019**

26. Signature of Candidate

**X**

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

I, **FRITZ MASSON Alexandre**, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer

**09/23/2019**  
Date

**X**

Signature of Campaign Treasurer or Deputy Treasurer