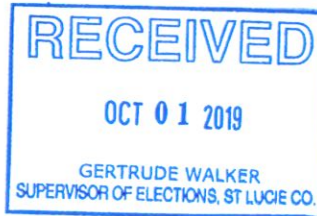


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(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)**

Bridgette Lynn Harless

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

4444 NW Hegar Pl  
Port St Lucie FL 34983

**4. Telephone**

(772) 370-4985

**5. E-mail address**

votebridgette@gmail.com

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

St Lucie Co. Tax Collector

**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**

Bridgette Lynn Harless

**11. Mailing Address**

4444 NW Hegar Pl

**12. Telephone**

(772) 370-4985

**13. City**

Port St Lucie

**14. County**

St Lucie

**15. State**

FL

**16. Zip Code**

34983

**17. E-mail address**

votebridgette@gmail.com

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

**19. Name of Bank**

Center State

**20. Address**

5001 Okeechobee Rd

**21. City**

Pt Pierce

**22. County**

St Lucie

**23. State**

FL

**24. Zip Code**

34947

**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**

10-1-19

**26. Signature of Candidate**

X Bridgette Harless

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

I, Bridgette Harless, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

10-1-19

Date

X Bridgette Harless

Signature of Campaign Treasurer or Deputy Treasurer