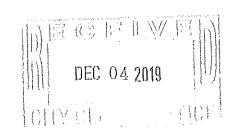
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

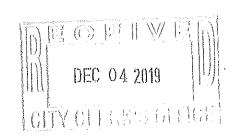


officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy ☐ Depository 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) Code) 1501 N. 21 St ST Ft. Pierce, FL 34950 (480) 205-9238 CJOhnson419069gmm.com
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: City Commission, District 1 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 Party 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 12. Telephone 18. I have designated the following bank as mv . Primary Depository 19. Name of Bank 20. Address 21. City. 22. County 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. 26. Signature of Candidate 25. Date 12/3/19 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Curhs E. Johnson Jr
(Please Print or Type Name) _____, do hereby accept the appointment designated above as: Campaign Treasurer Deputy Treasurer. 12/3/19 Signature of Campaign Treasurer or Deputy Treasurer

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

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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)	3. Address (include post office box or street, city, state, zip
Curhs E. Johnson Jr	1501 N. 21st 5t 1, Ft. Pierce, FL 34950
4. Telephone 5. E-mail address	D. D Fl 34950
(480)205-9238 Cjohnson 41906 Pgrunil. com	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
City Commission District	applicable: 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 Affiliation	Party candidate.
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer Angela Brathwaite	
11. Malling Address	12. Telephone
1501 N. 215 street	(818)613-3606
13. City 14. County 15. S	
Fort Parce St. Lucie FL	_ 134950 all natural stuff Ofmail on
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank IBM 5 E C W	610 Delmune Ave
21. City, 22. County	23. State 24. Zip Code
Ft. Pierce St Lucie	FL 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
12/3/19	X Cut E.
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Hoge la Brathwalte, , do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Treasurer.	
12/3/19 X	Angela de Banton
Date	Signature of Campaign Treasurer or Deputy Treasurer