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. | | | | | | | | | OFFIC | E USE | ONLY | |
|--|----------------------|---------------------------------|--------|-------|---|---|-------------------|-----------|--------------|----------|-------|--|
| 1. CHECK APPROPRIATE Initial Filing of Form | , | S): -filing to Change | e: 🔲 - | Treas | surer/l | Deputy [|] Deposito | ory _ | Office | | Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | | | 3. Address (include post office box or street, city, state, zip | | | | | | |
| Kurt Dwayne Holden | | | | | | code) | | | | | | |
| 4. Telephone | 5. E-mail address | | | | 1404 Platts Lane Fort Pierce, FL 34982 | | | | | | | |
| (772) 579-6048 | caskholden@gmail.com | | | | 1 010 1000, 1 2 04002 | | | | | | | |
| 6. Office sought (include district, circuit, group number) | | | | | | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | | | |
| St. Lucie County Commissioner District 1 | | | | | 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 I | Party Affi | liation | Demo | ocrat | t | | | Pa | arty can | didate. | | |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | | | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer Kurt D. Holden | | | | | | | | | | | | |
| 11. Mailing Address 12. Telephone | | | | | | | | | | | | |
| 1404 Platts Lane | | | | | | (772) 579-6048 | | | | | | |
| 13. City | 14. C | 15. State | | 16. | 16. Zip Code 17. E-mail address | | | | | | | |
| Fort Pierce | St. Li | ucie | FL | | 34982 caskholden@gmail.com | | | | | | | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | | | | | | | |
| | | | | | 0. Address | | | | | | | |
| Wells Fargo Bank | | | | | 2597 S. US Highway 1 | | | | | | | |
| 21. City | | 22. County | | | | 23. State | | | 24. Zip C | ode | | |
| Fort Pierce | | St. Lucie | | | | FL | | | 34982 | | | |
| 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. | | | | | | 6. Signature of Candidate | | | | | | |
| 2 January 2020 | | | | | LAN ALL | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | | |
| I. Kurt D. Holden | | | | | | , do hereby accept the appointment | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer. | | | | | | | | | | | | |
| 2 January 2020 X | | | | | | | | | | | | |
| Date Signa | | | | | | of Campaig | n Treasure | r or Depu | ity Treasure | er er | _ | |