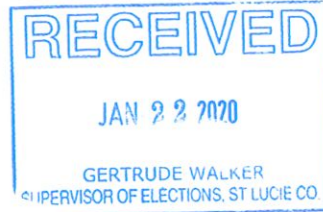


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(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)**

EVERETT S. CHILD

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

222 NW ZANZIBAR PLACE  
PORT ST. LUCIE, FL 34986

**4. Telephone**

(772) 873-1256

**5. E-mail address**

EVERETTCHILD@GMAIL.COM

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

SLWSD BOARD OF SUPERVISORS, SEAT #4

**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     \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

EVERETT S. CHILD

**11. Mailing Address**

222 NW ZANZIBAR PLACE

**12. Telephone**

(772) 873 1256

**13. City**

PORT ST. LUCIE

**14. County**

ST. LUCIE

**15. State**

FL

**16. Zip Code**

34986

**17. E-mail address**

EVERETTCHILD@GMAIL.COM

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

**19. Name of Bank**

SEACOAST N.B.

**20. Address**

1100 SW SLW BLVD

**21. City**

PORT ST. LUCIE

**22. County**

ST LUCIE

**23. State**

FL

**24. Zip Code**

34986

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**

1/15/2020

**26. Signature of Candidate**

X *Everett S. Child*

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

I, EVERETT S. CHILD, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

1/15/2020  
Date

X *Everett S. Child*  
Signature of Campaign Treasurer or Deputy Treasurer