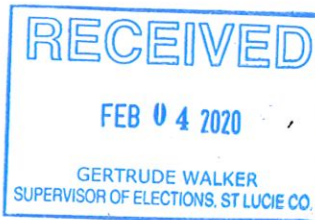


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)



(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) **3. Address** (include post office box or street, city, state, zip code)
 Jason William Palm 1925 SW Sylvester Ln
 Port St. Lucie FL 34984

4. Telephone **5. E-mail address**
 (608) 469 5011 jason@sunlightcc.org

6. Office sought (include district, circuit, group number) **7. If a candidate for a nonpartisan office, check if applicable:**
 School Board - District 4 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
 Jason W. Palm

11. Mailing Address **12. Telephone**
 1925 SW Sylvester Ln. (608) 469 5011

13. City **14. County** **15. State** **16. Zip Code** **17. E-mail address**
 Port St. Lucie St. Lucie FL 34984 jason@sunlightcc.org

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

19. Name of Bank **20. Address**
 BB $\frac{1}{2}$ T 1352 SW St. Lucie West Blvd

21. City **22. County** **23. State** **24. Zip Code**
 Port St. Lucie St. Lucie FL 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 **26. Signature of Candidate**
 01/29/2020 X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, Jason Palm, do hereby accept the appointment
 (Please Print or Type Name)
 designated above as: Campaign Treasurer Deputy Treasurer.
01/29/2020 X [Signature]
 Date Signature of Campaign Treasurer or Deputy Treasurer