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: X Treasurer/Deputy Depository 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 1698 Alberca Lane hauncelor Koosevelt Howel Port Saint Lucie, FL 34953 4. Telephone (772)607-3701 chauncelor@hotmail.com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: PSL City Council, District 2 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 Bohbie Crolden 11. Mailing Address 12. Telephone Grove Avenue (772) 873-1731 13. Citv 15. State 17. E-mail address 16. Zip Code FL jobgolden@yahoo.com 18. I have designated the following bank as my Primary Depository Secondary Depository

20. Address

660 SW St. Lucie Wes

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

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.

do hereby accept the appointment (Please Print or Type Name)

Campaign Treasurer

22. County

X Loblin Holde
Signature of Campaign Treasurer or Deputy Treasurer

Deputy Treasurer

26. Signature of Candidate

designated above as:

19. Name of Bank

25. Date