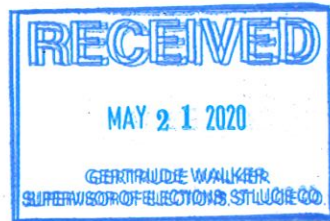


APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(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)

Kevin C. Carter

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

P.O. Box 13603
Fort Pierce, FL 34979

4. Telephone

(772) 480-5890

5. E-mail address

kevincarter2020@gmail.com

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

Sheriff, St. Lucie County

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 ☒ Republican Party candidate.

9. I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Barbara Finster

11. Mailing Address

P.O. Box 13603

12. Telephone

(772) 480-5890

13. City

Fort Pierce

14. County

St. Lucie

15. State

FL

16. Zip Code

34979

17. E-mail address

kevincarter2020@gmail.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Seacoast Bank

20. Address

1901 South U.S. Highway 1

21. City

Fort Pierce

22. County

St. Lucie

23. State

Florida

24. Zip Code

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

5/19/2020

26. Signature of Candidate

X

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

I, Barbara M. Finster, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

5/19/2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer