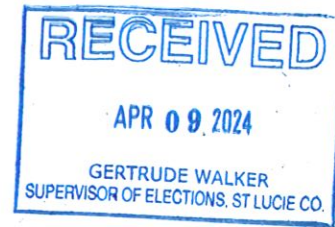


APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

FRITZ MASSON ALEXANDRE

3. Address (include PO Box or Street, City, State, Zip Code):

1302 SW PAAR DRIVE
PORT SAINT LUCIE, FLORIDA 34953

4. Telephone:

(321) 888-1371

5. Candidate's Voter Registration #:

120881073

(not required for qualifying purposes)

6. Email Address:

FRTZALEX@YAHOO.COM

7. Office Sought (include district, circuit, group, or seat #):

ST. LUCIE COUNTY COMMISSIONER; DISTRICT 5

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. DEMOCRATIC Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

LINDA L. LESPINASSE

12. Telephone:

(772) 323-9273

13. Email Address:

CHRISLON95@GMAIL.COM

14. Mailing Address:

1531 SE COPLY STREET

15. City:

PT. ST. LUCIE

16. State:

FLORIDA

17. Zip Code:

34983

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

PNC BANK

20. Address:

1309 SW GATLIN BLVD

21. City:

PORT SAINT LUCIE

22. County:

SAINT LUCIE

23. State:

FLORIDA

24. Zip Code:

34953

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: APRIL 8TH, 2024

26. Signature of Candidate:

X

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

I, LINDA L. LESPINASSE

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date: APRIL 8TH, 2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X