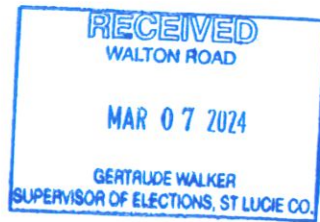


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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)

Laura Patricia Roscoe

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

P.O. Box 8576
Port Saint Lucie, FL 34985

4. Telephone:

(772) 766-3010

5. Candidate's Voter Registration #:

123087335
(not required for qualifying purposes)

6. Email Address:

lauraproscoe@gmail.com

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

Woman
Saint Lucie County State Comite

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. Republican Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

Martha Hornsby

12. Telephone:

(772) 577-2525

13. Email Address:

marthehornsby@ads.com

14. Mailing Address:

5683 Sandfly Ct.

15. City:

Fort Pierce

16. State:

FL

17. Zip Code:

34982

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

19. Name of Bank:

SeaCoast Bank

20. Address:

9688 S US Highway 1

21. City:

Port Saint Lucie

22. County:

Saint Lucie

23. State:

FL

24. Zip Code:

34952

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:

3/7/2024

26. Signature of Candidate:

X

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

I, Martha Hornsby do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

2-21-24

29. Signature of Campaign Treasurer or Deputy Treasurer

X