

**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)

Uline Daniel

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

1122 Alameda Ave

Fort Pierce, FL 34982

4. Telephone:

(772) 882-1674

5. Candidate's Voter Registration #:
118174954
(not required for qualifying purposes)

6. Email Address:

voteulinedaniel@gmail.com

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

City of Fort Pierce, Mayor

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. _____ Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

Robert Joseph

12. Telephone:

(904) 290-1626

13. Email Address:

rojo.psifl@gmail.com

14. Mailing Address:

P.O. BOX 12751

15. City:

FORT PIERCE

16. State:

FL

17. Zip Code:

34979-2751

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

19. Name of Bank:

Bank of America

20. Address:

2421 S US Hwy 1

21. City:

Fort Pierce

22. County:

St Lucie

23. State:

FL

24. Zip Code:

34982

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: 4/29/2024

26. Signature of Candidate:

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

I, Robert Joseph do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer. Deputy Treasurer.

28. Date: 4/29/2024

29. Signature of Campaign Treasurer or Deputy Treasurer