

**STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)  
  
(PLEASE PRINT OR TYPE)

**SUPERVISOR OF ELECTIONS OFFICE USE ONLY**  
6495 CAROLINE ST., SUITE F  
MILTON, FL 32570-4592  
  
2010 APR 9 PM 12 20

**1. CHECK APPROPRIATE BOX:**  
 Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)      **3. Address** (include post office box or street, city, state, zip code)  
 CAROL MADINE BOSTON      7136 EAST BAY BLVD.  
 NAVARRRE, FL 32566

**4. Telephone** (optional)      **5. E-mail address** (optional)  
 (850) 939-4505      CNBOSTON@BELLSOUTH.NET

**6. Office sought** (include district, circuit, group number)      **7. If a candidate for a nonpartisan office, check if applicable:**  
 SCHOOL BOARD DISTRICT 3       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**  
 CAROL BOSTON

**11. Mailing Address** (If post office box or drawer, also include street address)      **12. Telephone**  
 7136 EAST BAY BLVD      (850) 939-4505

**13. City**      **14. County**      **15. State**      **16. Zip Code**      **17. E-mail address** (optional)  
 NAVARRRE      SANTA ROSA      FL      32566      CNBOSTON@BELLSOUTH.NET

**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**      **20. Street Address**  
 EGLIN FEDERAL CREDIT UNION      9830 NAVARRRE PKWY

**21. City**      **22. County**      **23. State**      **24. Zip Code**  
 NAVARRRE      SANTA ROSA      FL      32566

**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**      **26. Signature of Candidate**  
 9 APRIL 2010      X Carol Boston

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

I, CAROL BOSTON, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer  
9 APRIL 2010      X Carol Boston  
 Date      Signature of Campaign Treasurer or Deputy Treasurer