

STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE TYPE)		MILTON, FL 32570-4592 2010 FEB 17 PM 3 54 OFFICE USE ONLY
CHECK APPROPRIATE BOX: <input checked="" type="checkbox"/> Original Appointment <input type="checkbox"/> Deputy Treasurer <input type="checkbox"/> Reappointment of Treasurer <input type="checkbox"/> Secondary Depository		
Name of Candidate <u>CLAUDE DUVALL</u>		1. Address (include post office box or street, city, state, zip code) <u>7517 CASA GRANDE CR</u> <u>MILTON, FL 32583</u>
Telephone (optional) ()	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) <u>COUNTY COMMISSIONER - DIST 2</u>
I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer		
4. Name of Treasurer or Deputy Treasurer <u>Joshua C. Durst</u>		
5. Mailing Address (If post office box or drawer add street address) <u>4459-B Hwy 90</u>		6. Telephone <u>850-995-5000</u>
7. City <u>Pace</u>	8. County <u>Santa Rosa</u>	9. State <u>FL</u>
		10. Zip Code <u>32571</u>
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository		
11. Name of Bank <u>First National Bank of Florida</u>		12. Street Address <u>6512 Caroline Street</u>
13. City <u>Milton, FL</u>	14. County <u>Santa Rosa</u>	15. State <u>FL</u>
		16. Zip Code <u>32570</u>
17. Signature of Candidate X <u><i>Claude Duvall</i></u>		Date
Campaign Treasurer's Acceptance of Appointment		
I, <u>Joshua C Durst</u> , do hereby accept the appointment as (Please Print or Type)		
<input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer for the campaign of <u>Claude Duvall</u>		
who is seeking nomination or election as a <u>Republican</u> candidate to the office of		
<u>County Commissioner District 2</u> (Party)		
As a duly registered voter in <u>Santa Rosa</u>		
County, Florida, I am qualified to accept this appointment.		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.		
Date <u>2-8-10</u>		Signature of Campaign Treasurer or Deputy Treasurer X <u><i>[Signature]</i></u>