

SUPERVISOR OF ELECTIONS  
6495 CAROLINE STREET, F  
MILTON, FL 32570-1502

STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)  (PLEASE TYPE)				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				FEB 15 AM 10 00	
Name of Candidate <b>DALE Anderson</b>		1. Address (include post office box or street, city, state, zip code) <b>3204 Robinson Pt Rd. Milton, FL 32583</b>			
Telephone (optional) <b>(850) 983-8236</b>	2. Party (Partisan candidates only) <b>Republican</b>		3. Office (add district, circuit, group number) <b>School Board District 1</b>		
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 <b>Susan E. Crawford</b>					
5. Mailing Address (If post office box or drawer add street address) <b>6937 JAVID RD,</b>				6. Telephone <b>(850) 698-1019</b>	
7. City <b>MILTON</b>	8. County <b>SANTA ROSA</b>	9. State <b>FL</b>	10. Zip Code <b>32583</b>		
I have designated the following named bank as my <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
11. Name of Bank <b>Santa Rosa Credit Union</b>			12. Street Address <b>Stewart Street</b>		
13. City <b>Milton</b>	14. County <b>Santa Rosa</b>	15. State <b>FL</b>	16. Zip Code <b>32570</b>		
17. Signature of Candidate <b>X Dale Anderson</b>				Date <b>2/10/2010</b>	
<b>Campaign Treasurer's Acceptance of Appointment</b>					
I, <b>SUSAN E. CRAWFORD</b> , 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 <b>DALE ANDERSON</b> who is seeking nomination or election as a <b>REPUBLICAN</b> candidate to the office of (Party)					
<b>School Board, District 1</b> . As a duly registered voter in <b>SANTA ROSA</b> County, Florida, I am qualified to accept this appointment.					
<b>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.</b>					
<b>02/11/10</b> Date		<b>X Susan E Crawford</b> Signature of Campaign Treasurer or Deputy Treasurer			

DS-DE 9 (Rev. 02/06)