6-95 CANULINE ST., OFFICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER MILTON, FL 32570-4592 AND DESIGNATION OF CAMPAIGN 2010 PIRY 7 PM 2 19 **DEPOSITORY FOR CANDIDATES** (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE) 1. CHECK APPROPRIATE BOX: Change in: Treasurer/Deputy Original Appointment Depository Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 14786 Hwy 89 Iny. 71. 32565 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: 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 11. Mailing Address (If post office box or drawer, also include street address) 12. Telephone 13. City 14. County 15. State 16. Zip Code 17. E-mail address (optional) Secondary Depository 18. I have designated the following bank as my Primary Depository 19. Name of Bank 20. Street Address 21. City 22. County 23. State 24. Zip Code

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.	v	а	ιe	
				_

27.

1. Links 5-7-10

26. Signature of Candidate

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

(Please Print or Type Name)

designated above as: Campaign Treasurer

Date

Deputy Treasurer.

__X

Signature of Campaign Treasurer or Deputy Treasurer

, do hereby accept the appointment