

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., STE. F MILTON, FL 32570-4592 2010 MAR 24 AM 10 44				
1. CHECK APPROPRIATE BOX: <input checked="" type="checkbox"/> Original Appointment Change in: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party									
2. Name of Candidate (in this order: First, Middle, Last) William H EATON					3. Address (include post office box or street, city, state, zip code) 1544 OAKHILL RD GULFBREEZE FL 32563-2816				
4. Telephone (optional) (850) 934 9556			5. E-mail address (optional)						
6. Office sought (include district, circuit, group number) MIDWAY FIRE COMM, SEAT 2					7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.				
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input checked="" type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.									
9. I have appointed the following person to act as my <input type="checkbox"/> Campaign Treasurer <input type="checkbox"/> 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)			
18. I have designated the following bank as my <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary 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. Date 03-24-2010					26. Signature of Candidate X <i>William H Eaton</i>				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I, _____, do hereby accept the appointment (Please Print or Type Name)									
designated above as: <input type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.									
_____ Date					X Signature of Campaign Treasurer or Deputy Treasurer				