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

(PLEASE PRINT OR TYPE)

6495 CARCLIE OFFICE USE PNLY MILTON, FL 32570-4592

2010 MAY 14 AM 8 16

1. CHECK APPROPRIATE BOX: Original Appointment Change in:	reasurer/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
JOHN C SALTER	code) 8709 CHUMUCKIA Hay
4. Telephone (optional) 5. E-mail address (optional)	PACE FLA 32571
()	1 1 1 3 3 1 1
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
BLACK WATER SWCD	applicable:
SEAT	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fil	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	e street address) 12. Telephone
13. City 14. County 15. Sta	ate 16. Zip Code 17. E-mail address (optional)
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank	20. Street Address
21. City 22. County	23. State 24. Zip Code
	FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date	26. Signature of Candidate
05-14)-10	X Machat
	(fill in the blanks and check the appropriate block)
1.	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasurer	Deputy Treasurer.
X	
	Signature of Campaign Treasurer or Deputy Treasurer