

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 APR 30 11:16 AM

1. CHECK APPROPRIATE BOX:  
 Original Appointment      Change in:    Treasurer/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 code)  
 Nancy Diane Morgan      9885 Parker Lake Circle  
 Navarre FL 32564

4. Telephone (optional)      5. E-mail address (optional)  
 (850) 217-3201      ndm31@hotmail.com

6. Office sought (include district, circuit, group number)      7. If a candidate for a nonpartisan office, check if applicable:  
 HNFCD Commissioner J463       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)

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

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      26. Signature of Candidate  
 April 30 2010      X

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:    Campaign Treasurer    Deputy Treasurer.  
 \_\_\_\_\_  
 Date      X      Signature of Campaign Treasurer or Deputy Treasurer