|   |                           |           | <b>1</b>                      |             |                       |                          |
|---|---------------------------|-----------|-------------------------------|-------------|-----------------------|--------------------------|
| STATE C   |                           | EVADE     | (¥;••                         |             |                       | LY                       |
| STATE OF FLORIDA 6495 CARCE AL STATE OFFICE USE ONLY<br>APPOINTMENT OF CAMPAIGN TREASURERLON, FL 32570-4592   |                           |           |                               |             |                       |                          |
| AND DESIGNATION OF CAMPAIGN   |                           |           |                               |             |                       |                          |
| DEPOSITORY FOR CANDIDATES 2010 THB 9 PM 3 55  |                           |           |                               |             |                       |                          |
|   | 01.021(1), F.S.)          |           | an J                          | 111-0       | 00<br>0               |                          |
|   |                           |           |                               |             |                       |                          |
| (PLEASE PE  | RINT OR TYPE)             |           |                               |             |                       |                          |
|   |                           |           |                               |             |                       |                          |
|   |                           |           |                               |             |                       |                          |
| <b>1. CHECK APPROPRIATE</b>   | BOX:                      |           |                               |             |                       |                          |
| Original Appointment Change in: Treasurer/Deputy Depository Office Party  |                           |           |                               |             |                       |                          |
| 2. Name of Candidate (in the  | nis order: First, Middle, | Last)     |                               |             | de post office box or | street, city, state, zip |
| PAUL CARLETON HAZUCHA 3305 MILLS BAYO   |                           |           |                               |             |                       | YOU DAILE                |
| 4. Telephone (optional) 5. E-mail address (optional) MILTON, PL 32583   |                           |           |                               |             |                       |                          |
| 850 1995-0790 HAZectta P@EMUTHUNK. NET  |                           |           |                               |             |                       |                          |
| 6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if  |                           |           |                               |             |                       |                          |
| Bund of cummissionens - Stor 5 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 X No Party Affiliation   |                           |           |                               |             |                       |                          |
| 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   |                           |           |                               |             |                       |                          |
|   | moe box of didwor, di     |           | oliceru                       |             |                       | ,                        |
|   |                           |           |                               |             | (                     | )                        |
| 13. City  | 14. County                | 15. Sta   | te   16.                      | Zip Code    | 17. E-mail address    | (optional)               |
|   |                           |           |                               |             |                       |                          |
| 18. I have designated the following bank as my  |                           |           |                               |             |                       |                          |
| 19. Name of Bank 20. Street Address   |                           |           |                               |             |                       |                          |
|   |                           |           |                               |             |                       |                          |
| 21. City  | 22. County                |           |                               | 23. State   |                       | 24. Zip Code             |
|   |                           |           |                               |             |                       |                          |
|   |                           |           | FORECO                        |             |                       |                          |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND<br>DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. |                           |           |                               |             |                       |                          |
| 25. Date  |                           |           | 26. Signa                     | Hure of Can | didate                |                          |
| 9 Marcu   | 0-10                      |           | $\mathbf{v} \langle \bigcirc$ | 1.02        | Of I                  | P                        |
| 9 MARCH   |                           |           | <u>~_</u>                     | <u>r</u> (a | Mitt May              | m                        |
| 27. <b>Treasurer's Acceptance of Appointment</b> (fill in the blanks and check the appropriate block)   |                           |           |                               |             |                       |                          |
| I.  |                           |           |                               |             | , do hereby accer     | ot the appointment       |
| ·   | (Please Print or Type     | Name)     |                               |             |                       |                          |
| designated above as:  | Campaign                  | Treasurer |                               | Deputy Tre  | asurer.               |                          |
|   |                           |           |                               |             |                       |                          |
|   |                           | X         |                               |             |                       | 4. T                     |
| Date  |                           |           | Signature                     | ot Campaig  | in Treasurer or Depu  | ity Treasurer            |

DS-DE 9 (Rev. 11/09)