STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

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(PLEASE PR	RINT OR TYPE)								
1. CHECK APPROPRIATE	BOX:								
Original Appointment	Change in:		Treasure		Depository	Office Party			
2. Name of Candidate (in the	ì	,	cod	e) L625	SANCU	ox or street, city, state, zip			
	5. E-mail address (optio			MILTON	1, FL 3	2583			
(850) 994 1149 1	BONE VORENS	001H.N	W	_					
6. Office sought (include dis	er-Fire D	15 TH	थ ८७	7. If a can applica	ble:	npartisan office, check if run as a Write-In candidate.			
8. If a candidate for a partis	san office, check block	k and fil	ll in nam	e of party as	applicable:	My intent is to run as a			
Write-In No Pa	arty Affiliation			- <u></u>		Party candidate.			
9. I have appointed the follo	owing person to act as	s my	Ca	ımpaign Trea	asurer 🔲 I	Deputy Treasurer			
10. Name of Treasurer or De	puty Treasurer			_					
11. Mailing Address (If post o	ffice box or drawer, also	o includ	le street a	address)	12.	Telephone)			
13. City	13. City 14. County			15. State 16. Zip Code 17. E-mail address (optional)					
18. I have designated the fo	llowing bank as my		Prim	ary Deposito	ry Sec	condary Depository			
19. Name of Bank			20. Stre	et Address					
21. City	22. County			23. State		24. Zip Code			
	, I DECLARE THAT I HAVE I	READ TH	Y AND THA	I THE FACTS	STATED IN IT ARE	OF CAMPAIGN TREASURER AND TRUE.			
25. Date 3 - 22 -	2010		1 6. Sign	nature of Car	didale				
27. Treasurer's	S Acceptance of Appo	intmen	t (fill in th	e blanks and	check the appr	opriate block)			
l,			_		, do hereby a	accept the appointment			
	(Please Print or Type N	lame)			_	•			
designated above as:	Campaign Tr		r 🗌	Deputy Tre	asurer.				
Date		<u>X</u>	Signatur	e of Campaig	n Treasurer or l	Deputy Treasurer			