

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY
6495 CAROLINE STREET
MILTON, FL 32570-4592

2010 JUN 14 PM 12 04

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

THOMAS CLINTON NAILE

3. Address (include post office box or street, city, state, zip code)

112 WINDSOR PL
GULF BREEZE, FL 32561

4. Telephone (optional)

(850) 982 3037

5. E-mail address (optional)

tomnaile@earthlink.net

6. Office sought (include district, circuit, group number)

SANTA ROSA COUNTY School Board
DISTRICT 5

7. If a candidate for a nonpartisan office, check if 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 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

MARGUERITE BURR

11. Mailing Address (If post office box or drawer, also include street address)

281 PLANTATION HILL RD

12. Telephone

(850) 916 0869

13. City 14. County 15. State 16. Zip Code 17. E-mail address (optional)

GULF BREEZE SANTA ROSA FL 32561

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank ~~COASTAL BANK & HANCOCK TRUST~~

20. Street Address 10 DANIEL DR
1387 Shoreline DR

21. City 22. County 23. State 24. Zip Code

GULF BREEZE SANTA ROSA FL 32561

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

6/10/10

X *Thomas Naile*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, MARGUERITE BURR, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/14/10

Date

X *Marguerite Burr*

Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

THOMAS CLINTON NAILE

3. Address (include post office box or street, city, state, zip code)

112 WINDSOR PL
GULF BREEZE, FL 32561

4. Telephone (optional)

(850) 932 3037

5. E-mail address (optional)

TomNaile@earthlink.net

6. Office sought (include district, circuit, group number)

SANTA ROSA COUNTY School Board
DISTRICT 5

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10. Name of Treasurer or Deputy Treasurer

THOMAS C NAILE

11. Mailing Address (If post office box or drawer, also include street address)

112 WINDSOR PL

12. Telephone

(850) 932 8303

13. City

GULF BREEZE

14. County

SANTA ROSA

15. State

FL

16. Zip Code

32561

17. E-mail address (optional)

TomNaile@earthlink.net

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~~WALDOCK & TRUST~~

20. Street Address

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1387 Shoreline DR

21. City

GULF BREEZE

22. County

SANTA ROSA

23. State

FL

24. Zip Code

32561

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25. Date

6/10/10

26. Signature of Candidate

X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, THOMAS C NAILE, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/10/10
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer