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

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

(PLEASE PRINT OR TYPE)

SUPERVIS OFFICE USE TONLY 6495 CAR. CHIEFE USE TONLY MILTON, FL 32579-4592 2010 JUN 8 PM 4 22

1. CHECK APPROPRIATE BOX: Original Appointment Change in: Treasurer/Deputy Depository 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 2652 San Clemente Dr. Milton, FL 32583 4. Telephone (optional) 5. E-mail address (optional) (850) 995-5979 6. Office sought (include district, circuit, group number)
Avalor Fire/Rescue District 7. If a candidate for a nonpartisan office, check if applicable: secretary, seat 1 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 12. Telephone 11. Mailing Address (If post office box or drawer, also include street address) 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 24. Zip Code 22. County 23. State 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 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) , do hereby accept the appointment (Please Print or Type Name) designated above as: Deputy Treasurer. Campaign Treasurer Signature of Campaign Treasurer or Deputy Treasurer Date