

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 REGISTRATIONS
 OFFICE USE ONLY
 6495 CAROLINE ST., STE. 1
 MILTON, FL 32570-4592

2010 JUN 16 PM 3 19

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Shannon R. Stone

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

9415 East River Dr
 Navarre, FL 32566

4. Telephone (optional)

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5. E-mail address (optional)

6. Office sought (include district, circuit, group number)
 Holley Navarre, Fine District Seat 1

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

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

12. Telephone

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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

6-16-10

26. Signature of Candidate

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.

X

 Date

 Signature of Campaign Treasurer or Deputy Treasurer