

**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**  
 SUPERVISOR OF ELECTIONS  
 6495 CAMPBELL BLVD. N.E. F  
 MILTON, FL 32571-1122  
 2010 JAN 6 PM 3 23

**1. CHECK APPROPRIATE BOX:**

Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

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

Claude Robert Hilliard

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

2938 Greystone Dr  
 Milton, Florida 32571

4. Telephone (optional)

(850 ) 994-3277

5. E-mail address (optional)

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

County Judge, Group One

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

Lisa Hilliard

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

2938 Greystone Dr

12. Telephone

( 850 ) 994-3277

13. City

Milton

14. County

Santa Rosa

15. State

Florida

16. Zip Code

32571

17. E-mail address (optional)

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

SunTrust

20. Street Address

5224 Stewart St

21. City

Milton

22. County

Santa Rosa

23. State

Florida

24. Zip Code

32570

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

January 6, 2010

26. Signature of Candidate

*Robert Hilliard*

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

I, Robert Hilliard, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

January 6, 2010

Date

*Robert Hilliard*  
 Signature of Campaign Treasurer or Deputy Treasurer

**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**

SUPERVISOR OF ELECTIONS  
6495 CALHOUN ST., STE. F  
MILTON, FL 32571-4592

2010 JAN 6 PM 3 23

**1. CHECK APPROPRIATE BOX:**

Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

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

Claude Robert Hilliard

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

2938 Greystone Dr  
Milton, Florida 32571

4. Telephone (optional)  
(850 ) 994-3277

5. E-mail address (optional)

6. Office sought (include district, circuit, group number)  
County Judge, Group One

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 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  
Lisa Hilliard

11. Mailing Address (If post office box or drawer, also include street address)  
2938 Greystone Dr

12. Telephone  
( 850 ) 994-3277

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14. County  
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25. Date  
January 6, 2010

26. Signature of Candidate  
*X Robert Hilliard*

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

I, Lisa Hilliard, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

January 6, 2010  
Date

*X Lisa Hilliard*  
Signature of Campaign Treasurer or Deputy Treasurer