

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

(PLEASE TYPE)

OFFICE USE ONLY

2007 DEC 28 AM 11:11

MANAGEMENT
 SUPERVISOR OF
 ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate ANTONIUS G. BARNES	1. Address (include post office box or street, city, state, zip code) 1208 SUTHERLAND PLAZA LYNN HAVEN, FL 32444
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Telephone (optional) (850) 265-6657	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) CITY COMMISSIONER SEAT 2
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
ANTONIUS G. BARNES

5. Mailing Address (If post office box or drawer add street address) 1208 SUTHERLAND PLAZA	6. Telephone (850) 265-6657
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7. City LYNN HAVEN	8. County BAY	9. State FL	10. Zip Code 32444
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank PEOPLES FIRST	12. Street Address 1302 OHIO AVENUE
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13. City LYNN HAVEN	14. County BAY	15. State FL	16. Zip Code 32444
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17. Signature of Candidate 	Date 12/27/07
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Campaign Treasurer's Acceptance of Appointment

I, **ANTONIUS G. BARNES**, do hereby accept the appointment as
 (Please Print or Type)

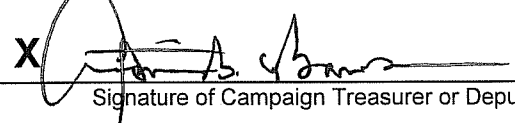
Campaign Treasurer Deputy Treasurer for the campaign of **ANTONIUS G. BARNES**

who is seeking nomination or election as a **NON-PARTISAN** candidate to the office of
 (Party)

CITY COMMISSIONER As a duly registered voter in **BAY**

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
 ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

12/27/07 Date  Signature of Campaign Treasurer or Deputy Treasurer