

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 27 PM 4:12

MANIC-LOREN
SUPERVISOR OF
ELECTIONS

CHECK APPROPRIATE BOX:

☒ Original Appointment ☐ Deputy Treasurer ☐ Reappointment of Treasurer ☐ Secondary Depository

Name of Candidate Ralph L. Hammond 1. Address (include post office box or street, city, state, zip code)
422 Bob Little Rd.
PANAMA CITY, FL 32404

Telephone (optional) (850) 785-7707 2. Party (Partisan candidates only) _____ 3. Office (add district, circuit, group number)
COMMISSIONER WARD 2
SPRINGFIELD

I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Ralph L. Hammond

5. Mailing Address (If post office box or drawer add street address) 922 Bob Little Road 6. Telephone 850-785-7707

7. City PANAMA CITY 8. County Bay 9. State FLORIDA 10. Zip Code 32404

I have designated the following named bank as my ☒ Primary Depository ☐ Secondary Depository

11. Name of Bank PEOPLES FIRST COMMUNITY BANK 12. Street Address 607 South Tyndall Parkway

13. City Callaway 14. County Bay 15. State FL. 16. Zip Code 32404

17. Signature of Candidate X Ralph L. Hammond Date 12-27-07

Campaign Treasurer's Acceptance of Appointment

I, Ralph L. Hammond, do hereby accept the appointment as
(Please Print or Type)

☒ Campaign Treasurer ☐ Deputy Treasurer for the campaign of Ralph L. Hammond

who is seeking nomination or election as a _____ candidate to the office of
(Party)

City Commissioner WARD 2
City of Springfield As a duly registered voter in Bay County

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

X Ralph L. Hammond
Signature of Campaign Treasurer or Deputy Treasurer