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

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: Tommy E Hamm Jr 1. Address (include post office box or street, city, state, zip code):
1204 SAVANNAH DR
PANAMA CITY FL 32405

Telephone (optional): 850 819-3731 2. Party (Partisan candidates only):
BSUCD 3. Office (add district, circuit, group number):
5

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

4. Name of Treasurer or Deputy Treasurer

5. Mailing Address (If post office box or drawer add street address) 6. Telephone

7. City 8. County 9. State 10. Zip Code

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

11. Name of Bank 12. Street Address

13. City 14. County 15. State 16. Zip Code

17. Signature of Candidate: [Signature] Date: 3-5-08

Campaign Treasurer's Acceptance of Appointment

I, _____, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of _____
who is seeking nomination or election as a _____ candidate to the office of
(Party)

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.

_____ X _____
Date Signature of Campaign Treasurer or Deputy Treasurer