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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: THOMAS W. DAVIS  
1. Address (include post office box or street, city, state, zip code): 9043 HWY 231 PANAMA CITY, FL 32404

Telephone (optional): (850) 722 4626  
2. Party (Partisan candidates only): REPUBLICAN  
3. Office (add district, circuit, group number): BSWCD Group J

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: X Thomas W. Davis      Date: 03/05/08

**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.

\_\_\_\_\_  
Date      X  
Signature of Campaign Treasurer or Deputy Treasurer