

**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 JUL 12 PM 1:56

MARSHALL B. GREEN
SUPERVISOR OF
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment
 Deputy Treasurer
 Reappointment of Treasurer
 Secondary Depository

Name of Candidate JAMES E. McCALISTER, SR.	1. Address (include post office box or street, city, state, zip code) 514 DAVID AVE. PANAMA CITY, FLORIDA 32404
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Telephone (optional) (850) 763-5644	2. Party (Partisan candidates only) DEMOCRAT	3. Office (add district, circuit, group number) SUPERINTENDENT OF SCHOOLS
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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
JAMES E. McCALISTER, SR.

5. Mailing Address (If post office box or drawer add street address) 514 DAVID AVENUE	6. Telephone 850-763-5644
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7. City PANAMA CITY	8. County BAY	9. State FLORIDA	10. Zip Code 32404
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank PEOPLES FIRST COMMUNITY BANK	12. Street Address 1038 HARRISON AVENUE
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13. City PANAMA CITY	14. County BAY	15. State FLORIDA	16. Zip Code 32401
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17. Signature of Candidate X James E. McCalister	Date JULY 12, 2007
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Campaign Treasurer's Acceptance of Appointment

I, JAMES E. McCALISTER, SR., 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 DEMOCRAT candidate to the office of
(Party)

SUPERINTENDENT OF SCHOOLS . 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.**

JULY 12, 2007
Date

X James E. McCalister
Signature of Campaign Treasurer or Deputy Treasurer