

**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 AUG 23 PM 2:20

MAIN OFFICE OF
SUPERVISOR OF
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: MIKE NELSON
1. Address (include post office box or street, city, state, zip code):
2612 PEMBROKE DR
PANAMA CITY, FL 32405

Telephone (optional): (850) 914 0007
2. Party (Partisan candidates only): REPUBLICAN
3. Office (add district, circuit, group number): County Commission Dist. I

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

4. Name of Treasurer or Deputy Treasurer:
Emily Easley

5. Mailing Address (If post office box or drawer add street address):
2581 HUNTCLIFF LAKE #
6. Telephone: 850 747 1303

7. City: PANAMA CITY 8. County: BAY 9. State: Florida 10. Zip Code: 32405

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

11. Name of Bank: Bay Bank + Trust
12. Street Address: 509 HARRISON AV

13. City: PANAMA CITY 14. County: BAY 15. State: Florida 16. Zip Code: 32401

17. Signature of Candidate: X Mike Nelson Date: 8/23/07

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer Deputy Treasurer for the campaign of Mike Nelson

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

County Commissioner. 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.**

8/23/07
Date

X Emily Easley
Signature of Campaign Treasurer or Deputy Treasurer

**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 SEP 24 PM 2:22

MARIA J. ...
SUPERVISOR OF
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate <i>MIKE NELSON</i>	1. Address (include post office box or street, city, state, zip code) <i>2612 PEMBROKE DR PANAMA CITY, FL 32405</i>
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Telephone (optional) <i>(850) 814-2800</i>	2. Party (Partisan candidates only) <i>Republican</i>	3. Office (add district, circuit, group number) <i>County Commissioner Dist 1</i>
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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
Adrien A. Rivard III

5. Mailing Address (If post office box or drawer add street address) <i>101 Harrison Ave</i>	6. Telephone <i>769-7714</i>
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7. City <i>Panama City</i>	8. County <i>Bay</i>	9. State <i>FL</i>	10. Zip Code <i>32401</i>
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank <i>BAY BANK & TRUST</i>	12. Street Address <i>509 HARRISON AV</i>
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13. City <i>PANAMA CITY</i>	14. County <i>BAY</i>	15. State <i>FLORIDA</i>	16. Zip Code <i>32401</i>
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17. Signature of Candidate <i>X Mike Nelson</i>	Date <i>9/10/07</i>
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Campaign Treasurer's Acceptance of Appointment

I, *ADRIEN A. RIVARD III*, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of *MIKE NELSON*

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

County Commissioner Dist 1. 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.**

9/10/07
Date

X Adrien A. Rivard III
Signature of Campaign Treasurer or Deputy Treasurer

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

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2007 SEP 24 PM 2:24

MAILED
SUPERVISOR OF
ELECTIONS

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: MIKE NELSON
1. Address (include post office box or street, city, state, zip code): 2612 PEMBROKE DR PANAMA CITY FL 32405

Telephone (optional): (850) 814-2800 2. Party (Partisan candidates only): REPUBLICAN 3. Office (add district, circuit, group number): County Commission Dist 1

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

4. Name of Treasurer or Deputy Treasurer: MIKE NELSON

5. Mailing Address (If post office box or drawer add street address): 2612 PEMBROKE DR. 6. Telephone: 814-2800

7. City: PANAMA CITY 8. County: BAY 9. State: FLORIDA 10. Zip Code: 32405

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

11. Name of Bank: BAY BANK & TRUST 12. Street Address: 509 HARRISON AV

13. City: PANAMA CITY 14. County: BAY 15. State: FLORIDA 16. Zip Code: 32405

17. Signature of Candidate: [Signature] Date: 9/10/07

Campaign Treasurer's Acceptance of Appointment

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

Campaign Treasurer Deputy Treasurer for the campaign of MIKE NELSON

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

County Commission Dist 1 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.

9/10/07
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer