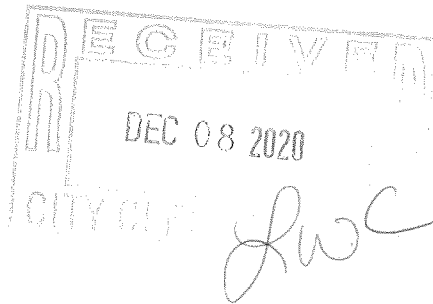


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Uline Daniel

**3. Address** (include post office box or street, city, state, zip code)

1122 Alameda Ave  
Fort Pierce, FL 34982

**4. Telephone**

(772 ) 882-1674

**5. E-mail address**

ulinedanie@gmail.com

**6. Office sought** (include district, circuit, group number)

City Cimmission, District 2

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

Robert L Joseph, Jr.

**11. Mailing Address**

PO Box 12751

*Law Enforcement Exemption*

**13. City**

Fort Pierce

**14. County**

St-Lucie

**15. State**

FL

**16. Zip Code**

34979

**17. E-mail address**

rojo.pslfl@gmail.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

Seacoast Bank

**20. Address**

1901 S US Hwy 1

**21. City**

Fort Pierce

**22. County**

St-Lucie

**23. State**

FL

**24. Zip Code**

34950

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

12/07/2020

**26. Signature of Candidate**

**X** *[Handwritten Signature]*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Robert L Joseph, Jr., do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

12/07/2020

Date

**X**

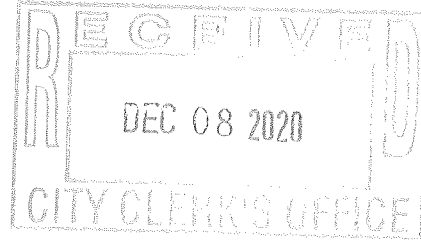
*[Handwritten Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, Uline Daniel,

candidate for the office of City Commission, District 2;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

A handwritten signature in black ink, appearing to be "Uline Daniel", written over a horizontal line.

Signature of Candidate

12/07/2020

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).