

**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

RECEIVED

FEB 12 2008

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate JEFF ALSTON	1. Address (include post office box or street, city, state, zip code) P.O. BOX 1212 DADE CITY FL 33526
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Telephone (optional) (352) 521-0571	2. Party (Partisan candidates only) _____	3. Office (add district, circuit, group number) CITY COMMISSIONER, GROUP 5
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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
LOIS ALSTON

5. Mailing Address (If post office box or drawer add street address) P.O. BOX 1212 (13334 14TH ST) DADE CITY FL 33526	6. Telephone 352-521-0571
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7. City DADE CITY	8. County PASCO	9. State FL	10. Zip Code 33526
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank BANK OF AMERICA	12. Street Address 37939 CHURCH AVE		
13. City DADE CITY	14. County PASCO	15. State FL	16. Zip Code 33525

17. Signature of Candidate X 	Date 2-12-08
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Campaign Treasurer's Acceptance of Appointment

I, **LOIS ALSTON**, do hereby accept the appointment as
(Please Print or Type)

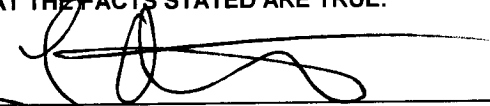
Campaign Treasurer Deputy Treasurer for the campaign of **JEFF ALSTON**

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

CITY COMMISSIONER, GROUP 5

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.

2-12-08
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer