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

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

(PLEASE PRINT OR TYPE)

2018 JUN 20 AM11:45

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 R	e-filing to Change: 🔲 T	reasurer/De	eputy	Depository		Office	Party
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip						state, zip	
Archie Lewis Matti 4. Telephone 5. E-m	code) //32/ N/W 202 <u>ND</u> St						
4. Telephone 5. E-m	ıail address	Alaci	hua, FL	32615			
(386) 462-3016 archie/matthewsogmail.com							
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if							
applicable: My intent is to run as a Write-In candidate.							
201/4 Water Conservation Distict Supervisor Group 5							
8. If a candidate for a <u>partisan</u> 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. Thave appointed the following person to act as my Campaign Treasurer Deputy Treasurer							
10. Name of Treasurer or Deputy Treasurer							
11. Mailing Address		12. Telephone					
10.00	16	te 16. Zip Code 17. E-mail address					
13. City 14.	County 15. St	ate 16.	Zip Code	17. E-IIIali a	luuless		
18. I have designated the following bank as my							
19. Name of Bank		20. Address					
/\ 71							
21. City	22. County		23. State			24. Zip C	ode
							EAGUEED AND
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 26. Signature of Candidate							
20 Auno 2018 X (natio I. Monteus							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)							
I. , do hereby accept the appointment							
(Please Print or Type Name)							
designated above as:	Campaign Treasure	er 🔲	Deputy Tre	easurer. V	,		
X							
Date Signature of Campaign Treasurer or Deputy Treasurer							