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

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

(PLEASE PRINT OR TYPE)

JUN 17 2022

NOTE: This form must be on file with the qualifyl 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)	3. Address (include post office box or street, city, state, zip
Buchand Layry teggle	(code) 13620 5 W 875+ WVC
2. Name of Candidate (in this order: First, Middle, Last) 8. Chart Larry Feagle 4. Telephone 3. Address (include post office box or street, city, state, zip code) 3. Address (include post office box or street, city, state, zip code) 3. Address (include post office box or street, city, state, zip code) 4. Telephone 4. Telephone 5. E-mail address 6. Archar, Fl. 32618	
(352) 538-0085 a marticon	
6. Office sought (include district, circuit, group number) Alachus Count Sou and Water 7. If a candidate for a nonpartisan office, check if applicable:	
My intent in to run on a Write In goodidate	
Conservation VIS (VIC)	
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. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address 12. Telephone	
13. City 14. County 15	15. State 16. Zip Code 17. E-mail address .
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank 20. Address	
21. City 22. County	23. State 24. Zip Code
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
6/17/2022 X huly +80	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
The state of the s	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Treasurer.	
Date	Signature of Campaign Treasurer or Deputy Treasurer