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.											OFFIC	E USE		
1. CHECK APPROPRIATE	BOX(E	S):												
Initial Filing of Form	Re	-filing to Change:		Freasur	er/Deputy] Dep	osito	ry		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip code) 1805 New Hampshire Avenue									
Dale Robitaille														
4. Telephone 5. E-mail address					n Haven, Flo	orida	32444							
(850) 248 6818	non													
6. Office sought (include district, circuit, group number) Lynn Haven Commissioner ちゃった エ					7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.									
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														
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer														
10. Name of Treasurer or Deputy Treasurer Dale Robitaille														
11. Mailing Address									12. Te	elepł	hone		<u></u>	
1805 New Hampshire Avenue					(850)248-6818									
13. City		County	15. St											
Lynn Haven	Bay		Florid	a 🏻	32444		non							
18. I have designated the	X Pr	Primary Depository Secondary Depository												
19. Name of Bank					20. Address									
Tyndall Credit Union					3109 Minnesota Avenue									
21. City22. CountyPanama CityBay					23. State Florida				24. Zip Code 32405					
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					ignature of									
02/08/2019					X M. Xellede									
27. Treasure	r's Acc	eptance of Appo	ointmen	nt (fill in	the blanks	and	check	the a	approp	riate	block)			
l,		, do hereby accept the appointment												
I, Dale Robitaille (Please Print or Type Name)					, do nereby accept the appointment									
designated above as: X Campaign Treasurer Deputy Treasurer.														
02/08/2019 X					A & La		C							
Date			pr-	Signature of Campaign Treasurer or Deputy Treasurer										

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