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.

BAY COUNTY SOE 23

BAY COUNTY SOE 32

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 code)
LARRY J. COUCH	406 BURNHAM AVE. PANAMA CITY BEACH, FL 32413
4. Telephone: (850) 596-2461	5. E-mail address: LJC357@HOTMAIL.COM

6. **Office sought** (include district, circuit, group number)	7. **If a candidate for a nonpartisan office, check if applicable:**
BEACH MOSQUITO CONTROL DISTRICT SEAT 1	☐ 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: LARRY J. COUCH

11. Mailing Address	12. Telephone
406 BURNHAM AVE.	(850) 596-2461

13. City	14. County	15. State	16. Zip Code	17. E-mail address
PANAMA CITY BCH	BAY	FL	32413	LJC357@HOTMAIL.COM

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

19. Name of Bank	20. Address
REGIONS BANK	15501 PANAMA CITY BEACH PKWY, PCB, FL 32413

21. City	22. County	23. State	24. Zip Code
PANAMA CITY BEACH	BAY	FLORIDA	32413

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
6-9-2020	X [signature]

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

I, LARRY J. COUCH, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

6-9-2020 — Date

X [signature] — Signature of Campaign Treasurer or Deputy Treasurer