

**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.**

**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)  
Thomas Gilbert Balduf

**3. Address** (include post office box or street, city, state, zip code)  
1723 Lost Cove lane    Panama City Beach Florida 32413

**4. Telephone**  
(615 ) 869-9011

**5. E-mail address**  
tgb1989htb@gmail.com

**6. Office sought** (include district, circuit, group number)  
Seat 3 Supervisor Lake Powell CDD

**7. If a candidate for a nonpartisan office, check if applicable:**  
 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**  
Tom Balduf

**11. Mailing Address**  
1723 Lost Cove lane

**12. Telephone**  
( 615 ) 8699011

**13. City**  
PCB

**14. County**  
Bay

**15. State**  
FL

**16. Zip Code**  
32413

**17. E-mail address**  
tgb1989htb@gmail.com

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

**19. Name of Bank**  
Regions

**20. Address**  
Front Beach Parkway

**21. City**  
PCB

**22. County**  
Bay

**23. State**  
FL

**24. Zip Code**  
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**  
6/10/2020

**26. Signature of Candidate**

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

I, Thomas Balduf, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

6/10/2020  
Date

Signature of Campaign Treasurer or Deputy Treasurer

BAY COUNTY, FLORIDA