## 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 I	Re-filing to Change:	Trea	asurer/D	eputy [	] Depositor	ry 🔲	Office		Party
2. Name of Candidate (in this order: First, Middle, Last)			3. Address (include post office box or street, city, state, zip						
John Andrew Michalik			code) 1566 Salamander Trl Panama City Beach, FL 32413						
4. Telephone 5. E-	mail address		Panama	a City Beach,	FL 32413				
(850 ) 5329527 jmich	nalik2005@gmail.	.com							
6. <b>Office sought</b> (include district, circuit, group number) Lake Powell CDD Supervisor, Seat #1		er)	7. If a candidate for a <u>nonpartisan</u> office, check if						
Lake Fowell ODD Supervisor, Seat #1			applicable:  My intent is to run as a Write-In candidate.						
8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> My intent is to run as a									
Write-In No Party AffiliationParty candidate.									
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer									
John Michalik									
11. Mailing Address			12. Telephone						
Same as above			( )						
13. City 14	. County	15. State	te 16. Zip Code 17. E-mail address						
18. I have designated the following bank as my									
19. Name of Bank 20. Address									
			3109 Minnesota Ave						
21. City	22. County			23. State			24. Zip Co	ode	
Panama City	Bay			FL			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	26. Signature of Candidate								
9 Jun 2020			X & Amelabo						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I,JOHN MICHALIK			, do hereby accept the appointment						
(Please Print or Type Name)									
designated above as: X Campaign Treasurer Deputy Treasurer.									
9 Jun 2020 X Tot Am chair									
Date		S	Signature of Campaign Treasurer or Deputy Treasurer						

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