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-filin	g to Change:	Tre	asurer/D	Deputy	Deposito	ry 🔲	Office		Party	
2. Name of Candidate (in	3. Address (include post office box or street, city, state, zip										
Judith M. Tinder				code) 504 Virginia Ave., Lynn Haven, Florida 32444							
4. Telephone	5. E-mail address										
(850) 960-2552	Jtinder@c	omcast.net									
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
Lynn Haven Commissioner, Seat 4					applicable:						
	My intent is to run as a Write-In candidate.										
8. If a candidate fdr 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	on 🔲 .					Pa	rty cand	lidate.		
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer											
Judith M. Tinder											
11. Mailing Address					12. Telephone						
504 Virginia Ave. (850) 960-2552											
13. City	14. County 15. Sta										
Lynn Haven	Bay FI			32444 Jtinder@comcast.net							
18. I have designated the following bank as my Primary Depository Secondary Depository											
76. 14					20. Address						
PeoplesSouth Bank					630 Ohio Avenue						
21. City	22. County			23. State				24. Zip Code			
Lynn Haven	Bay			Florida				32444			
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											
ovember 9, 2020					Tito With						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, Judith M. Tinder , do hereby accept the appointment											
(Please Print or Type Name)											
designated above as:											
November 9, 2020 X Jantetto M. Junk											
Date Signature of Campaign Treasurer or Deputy Treasurer											

Rule 1S-2.0001, F.A.C.