

**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)

Michael Prendergast

3. Address (include post office box or street, city, state, zip code)

P. O. Box 1753
Lecanto, FL 34460

4. Telephone

(813) 254-3369

5. E-mail address

6. Office sought (include district, circuit, group number)

Citrus County Sheriff

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 Republican Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Robert I. Watkins

11. Mailing Address

610 S. Boulevard

12. Telephone

(813) 254-3369

13. City

Tampa

14. County

Hillsborough

15. State

FL

16. Zip Code

33606

17. E-mail address

nwatkins@robertwatkins.com

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

19. Name of Bank

The Bank of Tampa

20. Address

601 Bayshore Blvd.

21. City

Tampa

22. County

Hillsborough

23. State

FL

24. Zip Code

33606

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

3/14/17

26. Signature of Candidate

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

I, Robert I. Watkins, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/3/17

Date

Signature of Campaign Treasurer or Deputy Treasurer



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Write-In No Party Affiliation Republican Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Nancy H. Watkins

11. Mailing Address

610 S. Boulevard

12. Telephone

(813) 254-3369

13. City

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Hillsborough

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25. Date

3/14/17

26. Signature of Candidate

Michael Prendergast

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

I, Nancy H. Watkins, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/3/17

Date

Nancy H. Watkins

Signature of Campaign Treasurer or Deputy Treasurer