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.



officer before opening the campaign account.					Market State Company				OFFICI	E USE	ONLY
1. CHECK APPROPRIATE BOX(ES):											
	easure	r/Deputy		Deposito	ory 🔲	Office		Party			
2. Name of Candidate (in	ast)	3. Address (include post office box or street, city, state, zip							zip		
Michael Prendergast				code)							
4. Telephone	elephone 5. E-mail address				P. O. Box 1753 Lecanto, FL 34460						
(813) 254-3369		Eddanto, 1 E 04400									
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
Citrus County Sheriff				applicable:							
,				My intent is to run as a Write-In candidate.						idate.	
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				12. Telephone							
610 S. Boulevard				(813) 254-3369					69		
13. City	1	County	15. Sta	1	16. Zip Code 17. E-mail address			8			
Tampa	Hillsborough FL			33606 nwatkins@				@rober	robertwatkins.com		
18. I have designated the following bank as my					Primary Depository Secondary Depository						
19. Name of Bank				20. Address							
The Bank of Tampa		1		601 Bayshore Blvd.							
21. City		22. County			23. Stat	ite			24. Zip C	ode	
Tampa		Hillsborough			FL				33606		
UNDER PENALTIES OF PERJU DES		LARE THAT I HAVE OF CAMPAIGN DEF								EASURI	ER AND
25. Date 2 //				26. Siç	nature of C	andid	ate		- 25		
3/14/17				X	Mil	le 1	and	engast			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
Robert I. Watkins					, do hereby accept the appointment						
(Please Print or Type Name)							, do nei	eby acce	ot the appu	intmen	T
designated above as: Campaign Treasurer Deputy Treasurer.											
2/2/2											
Date	Signature of Campaign Treasurer or Deputy Treasurer										

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

officer before opening the	e campai	gn account.						OFFICE	: USE	ONLY	
1. CHECK APPROPRIATE Initial Filing of Form		6): filing to Change:	: 🗆 т	reasure	r/Deputy] Deposito	ry 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip								zip			
Michael Prendergast					code)						
4. Telephone	5. E-mail address				P. O. Box 1753 Lecanto, FL 34460						
(813) 254-3369				anto, i E o+	400						
6. Office sought (include district, circuit, group number)					7. If a candidate for a nonpartisan office, check if						
Citrus County Sheriff					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											
— Donublican											
Write-In No Party Affiliation Republican Party candidate.											
9. I have appointed the following person to act as my											
10. Name of Treasurer or Deputy Treasurer											
Nancy H. Watkins											
11. Mailing Address 12. Telephone											
610 S. Boulevard					(813) 254-3369						
13. City	14. C	ounty	15. Sta	ate 1	e 16. Zip Code 17. E-mail address						
Tampa	Hillsborough FL				33606 nwatkins@robertwatkins.com						
18. I have designated the following bank as my											
19. Name of Bank				20. Ad	20. Address						
The Bank of Tampa 60				601 B	01 Bayshore Blvd.						
21. City	City 22. County				23. State			24. Zip C	ode		
Tampa		Hillsborough			FL			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.										ER AND	
25. Date 26. Signature of Candidate											
3/14/17				X	Alle	Kondon	gost				
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 X N. f 1.4											
Date				Signat	Signature of Campaign Treasurer or Deputy Treasurer						