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

RECEIVED MAY - 1 2019 CITRUS COUNT. ELECTIONS

officer before opening the campaign account.									OFFIC	E USE	ONLY		
1. CHECK APPROPRIATE Initial Filing of Form	•	S): e-filing to Change:	: 🔲 -	Treas	surer/l	Deputy [] Deposito	ory _	Office		Party		
Name of Candidate (in this order: First, Middle, Last) Maureen 'Mo' Baird						Address (include post office box or street, city, state, zip code)							
4. Telephone 5. E-mail address						2905 Eastwood St.							
(³⁵²) 212-4373	•						Inverness, FI 34452						
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if							
Supervisor of Elections						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 Maureen 'Mo' Baird													
11. Mailing Address 2905 Eastwood St. Inverness, FI 34452						12. Telephone (352) 212-4373							
13. City Inverness	14. County 15. S Citrus FI			ate	16. Zip Code 34452 17. E-mail addres baird.maureen					l.com			
18. I have designated the following bank as my													
					20. Address PO Box 1929								
21. City Inverness					23. State Florida				24. Zip Code 34451-1929				
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.													
					26. Signature of Candidate								
May 1, 2019					x Bul								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
I,, do hereby accept the appointment													
(Please Print or Type Name)													
designated above as:													
May 1, 2019 X													
Date					Signature of Campaign Treasurer or Deputy Treasurer								