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 7 Party Depository Office 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 0.1301640114 EXERLY LITUS, FL 34404 4. Telephone 5. E-mail address 730)717.9385 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if こうしょく じゅううにんりょうしょう applicable: DIST. B My intent is to run as a Write-In candidate. 8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a らいけんひん No Party Affiliation Write-In Party candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer 12. Telephone 3. City 16. Zip Code | 17. E-mail address 18. I have designated the following bank as my **Primary Depository** 19. Name of Bank 20. Address 30 N. LECONTO 21. City 23. State UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE IRUE. 25. Date 26 Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blacks and sheek the appropriate block) , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasure Х Signature of Campaign Treasurer or Deputy Treasurer

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

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RECEIVED 8105. 9 L SUA CITRUS COUNTY ELECTIONS

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change:	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Luis marin	code) POBOX 640114
4. Telephone 5. E-mail address	Boverly Hills, FL 34464
(736) 717-8855 Marin 4 comission Egmil. Com	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
County commissioner DISTrict 3	applicable:
	My intent is to run as a Write-In candidate.
8. If a candidate for 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 ☐ Rep	<u> ひもしたなへ</u> 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 Winsler	
11. Mailing Address	12. Telephone
PO BOX 640114 BEVERIFHILL FL 3	4464 (736) 717-8853
PO BOX 640114 Bevery Hills FC 3 13. City Beverly Hills 14. County 15. State City FC	e 16. Zip Code 17. E-mail address
Benerly Hills CITOUS FC	34464 mark 4 commission Ogmail.com
18. I have designated the following bank as my Primary Depository Secondary Depository	
~ .	20. Address
Brannen Bank	3930 N. Lecanto HWY
21. City Beverly Hills CITUS	23. State 24. Zip Code 3 4465
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 2	26. Signature of Candidate
21.0.19	$\hat{\mathbf{X}}$
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Robert wins (e) (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer.	
8/16/19 X	
	Signature of Campaign Treasurer or Deputy Treasurer