

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED
NOV 22 2019
CITRUS COUNTY
ELECTIONS

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) Theressa Amanda Foster West		3. Address (include post office box or street, city, state, zip code) 6454 W Corral Place Beverly Hills, FL 34465
4. Telephone (352) 457-9644	5. E-mail address tfwest2@gmail.com	

6. Office sought (include district, circuit, group number) Mosquito Control Board Seat 2	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.
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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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer
Jonathan Paul Cash

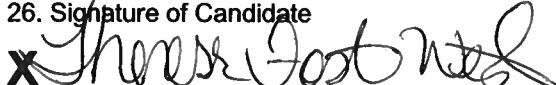
11. Mailing Address P. O. Box 426	12. Telephone (352) 795-3212
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13. City Crystal River	14. County Citrus	15. State Florida	16. Zip Code 34423	17. E-mail address Johnny@wardlowandcash.com
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18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank Brannen Bank		20. Address 865 NE US Highway 19	
21. City Crystal River	22. County Citrus	23. State Florida	24. Zip Code 34429

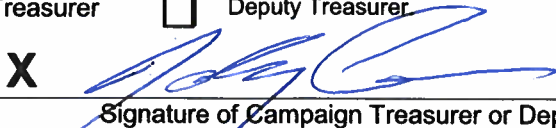
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date 11/22/2019	26. Signature of Candidate 
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27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Jonathan Paul Cash, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

11/22/2019 
 Date Signature of Campaign Treasurer or Deputy Treasurer

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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)

Theresa Amanda Foster West

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

6454 w. Corral pl.
Beverly Hills FL. 34465

4. Telephone

(352) 457-9644

5. E-mail address

tfwest2@gmail.com

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

Mosquito Control Board
Seat 2

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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Theresa Amanda Foster West

11. Mailing Address

6454 w. corral pl.

12. Telephone

(352) 457-9644

13. City

Beverly Hills

14. County

Citrus

15. State

Florida

16. Zip Code

34465

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19. Name of Bank

Brannen Bank

20. Address

865 ne us highway 19

21. City

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22. County

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Florida

24. Zip Code

34429

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25. Date

11/22/2019

26. Signature of Candidate

X Theresa Foster West

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

I, Theresa Amanda Foster West, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/22/2019

Date

X

Theresa Foster West

Signature of Campaign Treasurer or Deputy Treasurer