## 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): Re-filing to Change: Treasurer/Deputy Initial Filing of Form Depository Office 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip Jeffery Shane Kinnard Telephone 5. E-mail address 12010 W. Bayshore Dr. Crystal River, FL 34429 (352)697-3182 Kinnard 20248 yahoo.com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if Citrus County Board of County Commission of applicable: My intent is to run as a Write-In candidate. DISTrICT 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 Kepublican Write-In No Party Affiliation Party candidate. 9. I have appointed the following person to act as my Campaign Treasurer X **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone (352) 697-3184 15. State 17. E-mail address 16. Zip Code heneekwe embarg nail an 34429 FL. Primary Depository 18. I have designated the following bank as my Secondary Depository 19. Name of Bank 20. Address 200 W. Main St 22. County 21. City 24. Zip Code 34450 Injemess 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 05/02/2023 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. seffery Shane Kinnard , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. 05/02/2023 Date Signature of Campaign Treasurer or Deputy Treasurer