## **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 B	BOX(ES):					Ш				
	Re-filing to Change	: 🔲 Tre	easurer/D	eputy [	Deposito	ory 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)			3. Address (include post office box or street, city, state, zip							
Jeffery Shane Kinnard			code) 12010 West Bayshore Dr							
4. Telephone 5. E-mail address			Crystal River, FL 34429							
( 352 ) 697-3182 ki	innard2024@yahoo	com.								
Office sought (include district, circuit, group number)     Citrus County Board of County Commissioners     District 1				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 ☒RepublicanParty candidate.								е.		
9. I have appointed the following person to act as my										
10. Name of Treasurer or Deputy Treasurer Renee Kinnard										
11. Mailing Address 12010 W Bayshore Dr				12. Telephone (352) 697-3183						
13. City Crystal River	14. County 15. Stat			16. Zip Code 17. E-mail address reneekw@embarqmail.com						
18. I have designated the following bank as my 🗵 Primary Depository 🗌 Secondary Depository										
19. Name of Bank 20. Address Brannen Bank 200 W Main St										
21. City	22. County			23. State			24. Zip C	ode		
Inverness	Citrus			FL			34450			
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.										
05/00/0000			26. Signature of Camelidate X							
27. Treasurer's	s Acceptance of Appo	ointment	(fill in the	blanks and	i check the	appropriat	e block)			
ı,Renee Kinnard				, do hereby accept the appointment						
(Please Print or Type Name)										
designated above as:	Campaign Tre	asurer.		Deputy T	reasurer.					
05/02/2023 <b>X</b>				i here to						
Date			Signature of Campaign Treasurer or Deputy Treasurer							