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.

My CTY ELECTION

officer before opening the campaign account.						OFFICE	USE	ONLY
1. CHECK APPROPRIATE BOX(ES):								
Initial Filing of Form	Re-filing to Change:	Treas	surer/Deputy	Depository		Office		Party
2. Name of Candidate (in this order: First, Middle, Last)			Address (include post office box or street, city, state, zip					
Victoria Lunne Smith			7225 W. Riverbend Rd, Dunnellon					
4. Telephone 5. E-mail address FL 34433								
(352)442-1347 Vyosephccea@gmail								
6. Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if					
School Board district 2			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 Par		Party candidate.						
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer								
10. Name of Treasurer or Deputy Treasurer								
MICHAEL J. MORGA JA.								
11. Mailing Address			12. Telephone					
175 S. SECRETARIAT BOINT			(631) 379-1411					
13. City /NVER NESS	14. County	15. State	16. Zip Code					
The selections			34453					Georg
18. I have designated the following bank as my Primary Depository Secondary Depository								
19. Name of Bank 20. Address								
BRANNEN BANK			320 US h			24 7:- 0-	4-	
21. City /NUERNESS	· · · · · · · · · · · · · · · · · · ·		23. State			24. Zip Code 74450		
					3			
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 TRUE.								
25. Date			26. Signature of Candidate					
10/11/23	X	X Illoude / Smill						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
I, MICHAEL J. MORGA JA. (Please Print or Type Name)			, do hereby accept the appointment					
designated above as: Campaign Treasurer Deputy Treasurer.								
10/11/23 X Mulisel Morgan								
Date		Sig	nature of Campa	ign Treasurer of	Deputy	Treasure	r	