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.

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OFFICE USE ONLY

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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 t	3	3. Address (include post office box or street, city, state, zip									
Calvin Arthur Lathan III					code) 1765 Britany Court						
4. Telephone	Telephone 5. E-mail address					Fleming Island, FL 32003					
(904) 910-9440	DrLathan@aol.com					-,	.000				
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
Crossings at Eagle Harbor, Seat 1					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 Republican Party candidate.											
9. I have appointed the following person to act as my											
10. Name of Treasurer or Deputy Treasurer											
Calvin Lathan											
11. Mailing Address					12. Telephone						
1765 Britany Court					1	*	(904) 910-944	10		
13. City	13. City 14. County			ate	16. Zip Code	17. E-mail address					
Fleming Island Clay FL				Jacobs DrLathan@aol.com							
18. I have designated the following bank as my Primary Depository Secondary Depository											
19. Name of Bank					20. Address						
Bank of America				500	5000 US-17 STE 75						
21. City				23. State					24. Zip Code		
Fleming Island	ning Island Clay				Florida	32003					
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 26. Signature of Candidate											
August 5, 2020					X/Maso						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, Calvin Lathan					, do hereby accept the appointment						
(Please Print or Type Name)					, sy doopt are appointment						
designated above as: X Campaign Treasurer Deputy Treasurer.											
August 5,	August 5, 2020 X										
Date				Signature of Campaign Treasurer or Deputy Treasurer							