## 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):	
Initial Filing of Form Re-filing to Change: 🔲 🛚	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)  Rolofd B. Solom	3. Address (include post office box or street, city, state, zip code) 3935 BUCK SMA TA E
4. Telephone 607 - 5. E-mail address LBS 4113 JFK, Pla 32277 (Pt) 3798 EPha LMelica.com	
6. Office sought (include district, circuit, group number)  Gfy Gray Cary 2 Lanx	7. If a candidate for a <u>nonpartisan</u> 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 Freasurer or Deputy Treasurer  Rozoft B. Solow	
11. Mailing Address  12. Telephone (904) 607-3798	
13. City 14. County 15. Str. DVV & P.	1 - 111 11
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank 20. Address Independent Dr.	
21. City Jet 22. County Ouvel	23. State 24. Zip Code 32202
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 /27/17	X M molk B.
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
(Please Print or Type Name)	, do hereby accept the appointment
designated above as:  Campaign Treasurer  Deputy Treasurer.	
1/27/17 X	Rnoll B. Doln
Date	Signature of Campaign Treasurer or Deputy Treasurer