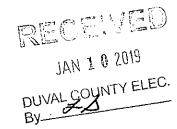
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(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: Treasurer/Deputy Depository Office 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) code) P.O BOX 55-1631 Tinothy YOST

4. Telephone 5. E-mail address Jacksingille, F1 32253 (901) 859 6489 timothy i yoshegmail.com 6. Office sought (include district, circuit, group number) 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 DEMOCRATIC ___ Party candidate. Write-In No Party Affiliation 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 0. Name of Treasurer or Deputy Treasurer T/m o / h y Yost

11. Mailing Address 12. Telephone □ Secondary Depository Primary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank BANK OF AMERICA

21. City

22. County 26255 CHALLOTHS 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 25. Date 1/10/19 14 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Timo My Yost
(Please Print or Type Name)

Campaign Treasurer

1/16/14 14

_____ , do hereby accept the appointment

Signature of Campaign Treasurer or Deputy Treasurer

Deputy Treasurer.

esignated above as: