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

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

120 JAN 14, 11:09am

NOTE: This form must be on file with the qualifying officer before opening the campaign account.							OFFICI	E USE	ONLY	
1. CHECK APPROPRIATE BOX(ES):										
Initial Filing of Form Re	e-filing to Change:	∑ Tre	easurer/	Deputy [	Deposito	ry 🗌	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)				3. Address (include post office box or street, city, state, zip						
Calvin Avant			Code) 7820 CastLogate DR Pensacola, FC 32534							
4. Telephone 5. E-mail address			Pensacola, FC = 2 East							
(850 ) 748-0675 calava	<u> </u>									
6. Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if							
ECUA District 3			applicable:  My intent is to run as a Write-In candidate.							
					wy intent i	s to run a	s a vvnte-ii	n candi	idate,	
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										
10. Name of Treasurer or Deputy Treasurer										
Calvin Avant										
11. Mailing Address				12. Telephone						
7820 Castlegate Dr.				. (850) 748-0675						
13. City 14. C	14. County 15. S		· 1						-, .,	
Pensacola Escambia FL		FL	32534 calavant2905@gmail.com							
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank 20. Address										
				650 Pensacola Blvd.						
21. City	22. County			23. State				24. Zip Code		
Pensacola Eacambia			FL				32505			
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										
1/3/2020				x Calcin Cour						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I, Calvin Avant			, do hereby accept the appointment							
(Please Print or Type Name)										
designated above as:   Campaign Treasurer Deputy Treasurer.										
1/3/2020 X ( )										
Date			ignature	of Campaig	n Treasure	r or Depu	ty Treasure	 ∋r		