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. | | | | | | | | | OFFIC | E USE | ONLY | |
|--|---|---|--|---|---|----------|--|-------|-----------|-------|-------|--|
| 1. CHECK APPROPRIATE | BOX(E | S): | | | | | | | | | | |
| | | | | reasur | rer/Depu | ıty 🗀 | Deposito | ory _ | Office | | Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | | 3. Address (include post office box or street, city, state, zip | | | | | | | |
| Dustin D. Lancaster | | code) 4689 NE 18 Trl | | | | | | | | | | |
| 4. Telephone | 5. E-mail address | | | Trenton, FL 32693 109 E Wade Street, Trenton, FL 32693 | | | | | 22222 | | | |
| (352) 665-1411 | | | | 10: | 9 E VV | | | | | | | |
| | | | | | | | 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 AffiliationParty candidate. | | | | | | | | | | | | |
| 9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer | | | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer | | | | | | | | | | | | |
| Dustin D. Lancaster | | | | | | | | | | | | |
| 11. Mailing Address | | | | | | | | | | | | |
| 109 E Wade Street | | | | | | (352 |) 665-14 | 11 | | | | |
| 13. City | - 1 | County | | 15. State 16. Zip Code | | | 17. E-mail address | | | | | |
| Trenton | Trenton Gilchrist FL 32693 | | | | | | | | | | | |
| 18. I have designated the | 18. I have designated the following bank as my | | | | | | | | | | | |
| 19. Name of Bank 20. Address | | | | | | | | | | | | |
| Drummond Community | | 1502 E Wade Street | | | | | | | | | | |
| 21. City Trenton | | 22. County Gilchrist | | | | 3. State | | | 24. Zip C | ode | | |
| | | | | orida | | | 32693 | | | | | |
| 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 ///3/22 | | | | 26. Si | X Signature of Candidate | | | | | | | |
| Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | | |
| I, | | , do hereby accept the appointment | | | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | | |
| designated above as: | designated above as: Campaign Treasurer Deputy Treasurer. | | | | | | | | | | | |
| ///3/22 Date | X | Signature of Compaign Transvers or Deputs Transvers | | | | | | | | | | |
| ' / Date | | Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | | | |