APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

6Z:DMdZZOZ MUM 8Z CELNED

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		filing to Change:	: 🔲 Ті	reasu	rer/De	eputy [Depository	′ 🗆	Office	☐ Pa	rty
2. Name of Candidate (in			.ast)			ess (include	e post office b	ox or s	treet, city,	state, zip	
Adam Patrick		11539 NE 7th Ct. Branford, FL. 32008									
4. Telephone	5. E-mail address										
(352) 258-8253	adam.elliott@sug.com										
6. Office sought (include of		7. If a candidate for a <u>nonpartisan</u> office, check if									
Commissioner District 4					applicable: My intent is to run as a Write-In candidate.						
							My Intent is	to run a	s a write-	In candida	ite.
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 Adam P. Elliott											
11. Mailing Address 11539 NE 7th Ct.					12. Telephone (352) 258-8253						3
13. City	14. County 15. S			ate 16. Zip Code 17. E-mail ad				ddress			
Branford Gilchrist F			FI		32008 adam.elliott			ott@s	@sug.com		
18. I have designated the following bank as my											
19. Name of Bank 20. Address											
Ameris Bank					E.\	Wade St	t				
21. City					23. State				24. Zip (Code	
Trenton		Gilchrist				FI			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					26. Signature of Candidate						
3-28-2022					X AM Aller						
27. Treasure	r's Acce	ptance of Appo	intment	t (fill i	n the I				e block)		
Adam P. Elliott , do hereby accept the appointment										ointment	
(Please Print or Type Name)											
designated above as:		Campaign Trea	asurer.			Deputy Tre	easurer.				
3-28-2022 X Holy Eller											
Date	Signa	Signature of Campaign Treasurer or Deputy Treasurer									