APPOINTMENT OF CAMPAIGN Th. AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

RECEIVED JULI 2.6 2019 SUPERVISOR OF ELECTIONS HERNANDO COUNTY ELORIDA

NOTE: This form must be on file with the qualifying OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Partv Re-filing to Change: Treasurer/Deputy Depository Initial Filing of Form 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) 0047 Domingo Drive Rooksville Fl, 34601 4. Telephone 7. If a candidate for a nonpartisan office, check if 6. Office sought (include district, circuit, group number) 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 candidate. Party No Party Affiliation Write-In Deputy Treasurer Campaign Treasurer 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer 12. Telephone 11 Mailing Address (352)428-0517 15. State 17. E-mail address 16. Zip Code 13-City ernandi Secondary Depository Primary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank Kroad Street 24. Zip Code 23. State 22. County 21. City Hernando 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 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer Campaign Treasurer designated above as:

Signature of Campaign Treasurer or Deputy Treasurer