APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

OCT 3 1 2019

SUPERVISOR OF LLECTIONS
HERNANDO COUNTY, FLORIDA

NOTE: This form must be on file with the que officer before opening the campaign account.	alifying					OFFIC	E USE	ONLY	
1. CHECK APPROPRIATE BOX(ES):									
Initial Filing of Form Re-filing to Chang	e: 🔲 Trea	asurer/D	eputy [Deposito	ry 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle,	Last)			de post offic			state, z	zip	
Thomas Gien Dye		code)	217 E	· Libe	Ty 5	T.			
4. Telephone 5. E-mail address		15/OOK	sviue,	-	4601				
(727)459-4344 TomDyeZ620-@GMAIL.com									
6. Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if						
CITY COUNCIL (SEAT 2)			applicable: My intent is to run as a Write-In candidate.						
8. If a candidate for a <u>partisan</u> 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									
10. Name of Treasurer or Deputy Treasurer									
11. Mailing Address 217 E. LIBERTY ST. Brocksville, Fl 34601 (813) 802-1729									
13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. State 18. State 19. Zip Code 17. E-mail address 18. State 19. Zip Code 19. Zip Cod									
18. I have designated the following bank as my Primary Depository Secondary Depository									
19. Name of Bank 20. Address Grow Finincial Federal Credituria 4122 MAriner Blud									
21. City 22. County Hernando		23. State				24. Zip Code 34600			
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 X Mm G M									
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I, TATRIA Ann DYE , do hereby accept the appointment (Please Print or Type Name)									
designated above as: Campaign Treasurer Deputy Treasurer.									
No. 10 30 2019 X Signature of Campaign Treasurer or Deputy Treasurer									