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.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

[X] Initial Filing of Form   Re-filing to Change: [ ] Treasurer/Deputy [ ] Depository [ ] Office [ ] Party

2. Name of Candidate (in this order: First, Middle, Last)

NICHOLAS W NICHOLSON

3. Address (include post office box or street, city, state, zip code) 24580 TIBURON AVE SPRING HILL, FL 34608

4. Telephone
(352) 353-5240

5. E-mail address
nnicholson@nicholson-engineering.com

6. Office sought (include district, circuit, group number)
COUNTY COMMISSION DISTRICT 1

7. If a candidate for a nonpartisan 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 Affiliation   [X] REPUBLICAN _____ Party candidate.

9. I have appointed the following person to act as my [X] Campaign Treasurer   [ ] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
NICHOLAS W NICHOLSON

11. Mailing Address
24580 TIBURON AVE

12. Telephone
(352) 353-5240

13. City	14. County	15. State	16. Zip Code	17. E-mail address
SPRING HILL	HERNANDO	FL	34608	nnicholson@nicholson-engineering.com

18. I have designated the following bank as my [X] Primary Depository   [ ] Secondary Depository

19. Name of Bank
REGIONS

20. Address
BROAD STREET

21. City	22. County	23. State	24. Zip Code
BROOKSVILLE	HERNANDO	FLORIDA	34601

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
6-8-2020

26. Signature of Candidate
X _[signature]_

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, NICHOLAS W NICHOLSON , do hereby accept the appointment
(Please Print or Type Name)

designated above as: [X] Campaign Treasurer   [ ] Deputy Treasurer.

6-8-2020
Date

X _[signature]_
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)   Rule 1S-2.0001, F.A.C.