APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

JUL 13 2021

SUPERVISOR OF ELECTIONS
HERNANDO COUNTY, FLORIDA

Signature of Campaign Treasurer or Deputy Treasurer

NOTE: This form must be on file with the qualifying OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy Depository Office Partv Initial Filing of Form 2. Name of, Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 5. E-mail address 4. Telephone. 6. Office sought (include district, circuit/group number) 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 candidate. No Party Affiliation Party Write-In Campaign Treasurer **Deputy Treasurer** 9. I have appointed the following person to act as my \square 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone 15. State 16. Zip Code 17. E-mail address 13. City Secondary Depository Primary Depository 18. I have designated the following bank as my 19. Name of Bank 20. Address 21. City 22. County 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 07.12.2021 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) Campaign Treasurer Deputy Treasurer. designated above as: