

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

REC'D SOE MAY 7 1998 SOE

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      Re-filing to Change: ☒ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

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

JOHN GODWIN

3. Address (include post office box or street, city, state, zip  
code)

PO Box 13503  
TAMPA, FL 33681

4. Telephone

(813) 1255 9437

5. E-mail address

JOHN@VOTEGODWIN.COM

6. Office sought (include district, circuit, group number)

TAMPA CITY COUNCIL, DISTRICT 2

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    ☐ \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my    ☐ Campaign Treasurer    ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

JOHN GODWIN

11. Mailing Address

PO Box 16061

12. Telephone

(813) 1255 9437

13. City

ST PETERSBURG

14. County

PINELLAS

15. State

FL

16. Zip Code

33733

17. E-mail address

JOHN@VOTEGODWIN.COM

18. I have designated the following bank as my

☒ Primary Depository    ☐ Secondary Depository

19. Name of Bank

REGIONS BANK

20. Address

510 CENTRAL AVE

21. City

ST PETERSBURG

22. County

PINELLAS

23. State

FL

24. Zip Code

33733

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

5-7-18

26. Signature of Candidate

X [Signature]

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

I, JOHN GODWIN, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer    ☒ Deputy Treasurer.

5-7-18

Date

X

[Signature]  
Signature of Campaign Treasurer or Deputy Treasurer