APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

RECD SOE MAY 9'184M10:38

officer before opening the campaign account.					OFFICE USE ONLY										
1. CHECK APPROPRIATE BOX(ES):															
✓ Initial Filing of Form	•	-filing to Change:	T	reasu	urer/De	∍puty [Deposi	itory		Office		Party			
2. Name of Candidate (in	3. Address (include post office box or street, city, state, zip														
David A. Straz Jr					code)										
4. Telephone 5. E-mail address					PO Box 172536 ,,, Tampa, FL 33672										
(813) 743-1947	313) 743-1947 campaign@davidstrazforma						3y Tampa, FL 33072								
6. Office sought (include of		7. If a candidate for a <u>nonpartisan</u> office, check if													
Mayor, City of Tampa		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															
Tom Gucciardo, CPA															
11. Mailing Address		12. Telephone													
1106 N Franklin St.					(813) 226-6091										
13. City		14. County 15.													
Tampa	Hillsborough FL				33602 tgucciardo@pridacpas.com										
18. I have designated the following bank as my															
19. Name of Bank					Addres										
First Citrus Bank						Kennedy									
21. City	22. County		•			23. State			1	24. Zip Co	ode				
Татра	npa Hillsborough				FL					33609					
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 FACT STATED IN IT ARE TRUE.															
25. Date				26. 5	Signati	ure of Can	ididate		7						
05/08/2018	X	(1)	Taft	tra											
27. Treasure	er's Acc	eptance of Appo	intment	t (fill ir	n the b	olanks and	check th	e gppr	opriate	block)					
Tom Gucciardo					, do hereby accept the appointment										
(Please Print or Type Name)															
designated above as:		Campaign T	reasure	r	\boxtimes	Deputy Tre	easurer.								
05/08/2018 X — A															
Date	<u>,, </u>	Sign	Signature of Campaign Treasurer or Deputy Treasurer												