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

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

(PLEASE PRINT OR TYPE)

RECD SOE JUN 22'19am St 15

NOTE: This form must I officer before opening the	alifying					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)					3. Address (include post office box or street, city, state, zip							
Sandra L. Murman					code) PO Box 173112							
4. Telephone	. Telephone 5. E-mail address					Tampa, FL 33672						
(813) 625-9081	sandra	murman410@	∮aol.cor			en e						
6. Office sought (include of		7. If a candidate for a <u>nonpartisan</u> office, check if										
Hillsborough County C	Court & Comp		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 Affiliation Republican Party candidate.												
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer												
Michael Millner												
11. Mailing Address 12. Telephone												
2055 NW Diamond Creek Way (772) 261-8100												
13. City		County	15. Sta	1	. Zip Code	17. E-mail a						
Jensen Beach	Marti	ın	Florida		957	mike@poli				.com		
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank				20. Addr						:		
SunTrust Bank		<u> </u>		111 SE	Osceola S	Street						
21. City		22. County			23. State		• • •	24. Zip Co	ode			
Stuart		Martin			Florida		1. 1.	34994				
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		1 :		26. Sign	ature of Con	didate / 1	1	1,				
6/21/18				X	thou		W	mal		<u> </u>		
27. Treasure	r's Acc	eptance of Appo	ointment	: (fill in the	blanks and	check the app	propriat	te block)		*		
I, Michael Millner						, do hereb	/ accer	ot the appoi	ntment			
(Please Print or Type Name)												
designated above as:	X	Campaign 7	Гreasurer		Deputy Tre	asurer.						
6/21/1	8		X		Michie	- MU	Ľ_	<u></u>				
Date				Signature	of Campaiç	gn Treasurer o	r Depu	ıty Treasure	r			