APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

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(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account

RECD SOE DEC 14'18pm 3:45

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)	3. Address (include post office box or street, city, state, zip
	codo)
4 Telephone 5 F-mail address	- 4220-Face (++104
(annif L. Burton 4220-Faye Ct. \$104 4. Telephone 5. E-mail address (127) 623-5637 Connie the advocate a gnail. com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
District 5-Tampa City Co	applicable:
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	
CONNIE BURTON	
11. Mailing Address	12. Telephone
11. Mailing Address 4220 - Faye Ct, #104 13. City 14. County 15. S	(H) (727)6235637
13. City 14. County 15. S	tate 16. Zip Code 17. E-mail address
Tampa Hills. FT.	133610 CONNIETHEAdvocate@gmail.
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address
Suncoast .	1920 E. Hillsborough
21. City 22. County	23. State 24. Zip Code
Tampa Hillsborow	igh Fl. 33610
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
12-14-18	X (mie Busta
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1. LOMNIE BULLEN	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasure	er Deputy Treasurer.
12-14-10 x Comi But	
Date	Signature of Campaign Treasurer or Deputy Treasurer