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

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

(PLEASE PRINT OR TYPE)

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NOTE: This form must be on file with the qualifying officer before opening the campaign account.									OFFICI	E USE	ONLY
1. CHECK APPROPRIATE  Initial Filing of Form	-	S): filing to Change	: 🔲 T	reası	urer/D	Deputy	<b>]</b> Deposito	ory 🔲	Office		Party
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip						
Lee Lowry					code) _ 610 South Boulevard, Tampa, FL 33606						
4. Telephone	5. E-ma	il address			Journ Bou	iovara, re	ampa, i i	_ 00000			
(813 ) 254-3369	Lee@LeeLowry.net										
Office sought (include district, circuit, group number)     Tampa City Council District 4					7. If a candidate for a <u>nonpartisan</u> 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 I Robert I. Watkins	Deputy Tr	easurer	.,								
11. Mailing Address					12. Telephone						
610 S. Boulevard								(813)	254-33	69	
13. City	14. County 15.		15. Sta	ate	1	Zip Code	17. E-mail address				
Tampa	Hillsborough FL				33606 rwatkins@robertwatkins.com						
18. I have designated the following bank as my											
					20. Address						
					01 Bayshore Blvd.						
21. City		22. County				23. State			24. Zip C 33606	ode	
Tampa  UNDER PENALTIES OF PERJU	•		READ TH			NG FORM FO			MPAIGN TR	EASURE	R AND
	IGNATION	OF CAMPAIGN DE	POSITOR				$\overline{}$	ARE TRUE			
					26. Signature of Candidette						
1/4/19				X	<u>U</u>	<u> </u>		/ 2	<u> </u>		
27. Treasure	er's Acce	ptance of Appo	ointmen	t (fill i	n the	blanks and	check the	appropriat	e block)		
ı, Robert I. Watkins							, do her	eby accep	t the appoi	ntmen	t
(Please Print or Type Name)											
designated above as:	_	Campaign T	reasure	er ———	X	Deputy Tre	asurer. >				
1/4/1	9		<u>X</u> <		2	- 1 C-					
' Date	<i></i>			oign	ature	of Campaig	gu ireasure	e or Depu	ny rreasur	ar	