

**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.

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)
 William W. Tison, III

3. Address (include post office box or street, city, state, zip code)
 P.O. Box 274206
 Tampa, FL 33688

4. Telephone
 (813) 739-1776

5. E-mail address
 tytison@tisonlawgroup.com

6. Office sought (include district, circuit, group number)
 County Court Judge Group 7

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
 William W. Tison, III

11. Mailing Address
 P.O. Box 274206, Tampa, FL 33688

12. Telephone
 (813) 739-1776

13. City Tampa **14. County** Hillsborough **15. State** FL **16. Zip Code** 33688 **17. E-mail address** tytison@tisonlawgroup.com


18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
 Bank of Tampa

20. Address
 13868 N. Dale Mabry Hwy

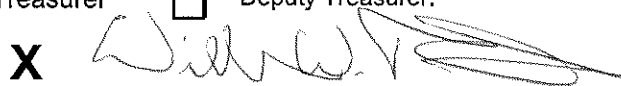
21. City Tampa **22. County** Hillsborough **23. State** Florida **24. Zip Code** 33618

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 4/11/19 **26. Signature of Candidate**


27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, William W. Tison, III, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/11/19 **X** 
 Date Signature of Campaign Treasurer or Deputy Treasurer