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

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

(PLEASE PRINT OR TYPE)

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

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OFFICE USE ONLY

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1. CHECK APPROPRIATE  Initial Filing of Form	•	S): -filing to Change:	. П т	reasi	urer/ľ	Denuty F	7 6	)enosito	ory 🗀	Office		Party	
<ul> <li>✓ Initial Filing of Form Re-filing to Change:  Treasurer/Deputy  Depository  Office  Page 2. Name of Candidate (in this order: First, Middle, Last)</li> <li>3. Address (include post office box or street, city, state, zip)</li> </ul>													
John Conrad						code)							
						610 S. Boulevard							
4. Telephone 5. E-mail address					Tampa, FL 33606								
(813 ) 254-3369	,												
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if							
County Court Judge, Group 9						applicable:							
My intent is to run as a Write-In cand											idate.		
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													
Robert I. Watkins													
11. Mailing Address 12. Telephone													
610 S. Boulevard (813) 254-3369													
13. City	14. County 1			ate	16. Zip Code 17. E-mai			l address					
Tampa	ampa Hillsborough FL					33606 rwatkins@robertwatkins.com							
18. I have designated the following bank as my													
19. Name of Bank					20. Address								
					601 Bayshore Blvd.								
21. City		22. County			23. State					24. Zip Code			
Tampa	ampa Hillsbo		oorough		FL				33606				
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 2/1/20						26. Signature of Candidate							
X John Comad													
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
l,		, do hereby accept the appointment											
(Please Print or Type Name)													
designated above as: Campaign Treasurer Deputy Treasurer.													
2/12/20 (X)													
Date Signature of Campaign Treasurer or Deputy Treasurer													