

REC'D SOE MAY 8 '20 AM 8:19

# **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.**

**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)  
Maura Cruz Lanz

**3. Address** (include post office box or street, city, state, zip code)  
4607 Wishart Blvd  
Tampa, Florida 33603

**4. Telephone**  
( 813 ) 263-8114

**5. E-mail address**  
mmlanz333@aol.com

**6. Office sought** (include district, circuit, group number)  
County Commission District 3

**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    ☒ Republican    \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**  
Maura Cruz Lanz

**11. Mailing Address**  
same as above

**12. Telephone**  
(      )

**13. City**      **14. County**      **15. State**      **16. Zip Code**      **17. E-mail address**

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

**19. Name of Bank**  
Midflorida Credit Union

**20. Address**  
1112 S. Dale Maybry Hwy.

**21. City**  
Tampa

**22. County**  
Hillsborough

**23. State**  
Florida

**24. Zip Code**  
33629

**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**  
May 7, 2020

**26. Signature of Candidate**

**X** 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, Maura Cruz Lanz, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

May 7, 2020

**X**

Date

Signature of Campaign Treasurer or Deputy Treasurer