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.

| 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) Alexandra Gilmore | 3. Address (include post office box or street, city, state, zip code) 16231 ENCLAVE VI Hage Da, Tampa, FL. 33647 |
| 4. Telephone 5. E-mail address (407) 702-8198 [alexandra, gi/more 6] | [AMPA, 12. 5507 (|
| 6. Office sought (include district, circuit, group number) | 7. If a candidate for a <u>nonpartisan</u> office, check if |
| Schoolboard Seal Member District 3 | applicable: My intent is to run as a Write-In candidate. |
| 8. If a candidate for a <u>partisan</u> office, check block and f | 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 NOSI CITINOTO | |
| 11. Mailing Address | 12. Telephone |
| 16231 Enclare Village Deire | (813)244-1993 |
| 13. City 14. County 15. S | |
| lampa Hillsborough Fr | 33647 Ngilmore 1981 Egmailico |
| 18. I have designated the following bank as my | Primary Depository Secondary Depository |
| 19. Name of Bank | 20. Address |
| Chase | 5205 Cyprass Praserre Da- 23. State 24. Zip Code |
| 21. City 22. County | 23. State 24. Zip Code |
| lampa Hillsboroug | 4 Frorida 33647 |
| 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. | |
| 5. Date | 26. Signature of Candidate |
| JUNE 8,2020 | X X lytade Silvan |
| Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | |
| NKosi Gilmore (Please Print or Type Name) | , do hereby accept the appointment |
| esignated above as: | er Deputy Treasurer. |
| 6/8/2020 X | Mon At |
| Date | Signature of Campaign Treasurer or Deputy Treasurer |

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.

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