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):		
	Re-filing to Change: Ti	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip		
Frank E. Morales		TRAPA, FL 33647
4. Telephone	5. E-mail address	Till 61 33147
(714) 349-1753	FMoraPres@aol.com	TRAIN, FL STOIT
6. Office sought (include district, circuit, group number)		7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
K-Bar Ranch CDD Supervisor (Seat 5)		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 AffiliationParty candidate.		
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer		
10. Name of Treasurer or Deputy Treasurer		
NIA FRANK MORAISS		
11. Mailing Address		
10524 W. 35 Flows N LN. (714) 349-1753 13. City 14. County 15. State 16. Zip Code 17. E-mail address		
13. City 14. County 15. State 16. Zip Code 17. E-mail address 14. County 15. State 16. Zip Code 17. E-mail address 14. Zip Code 17. E-mail address 14. Zip Code 17. E-mail address 14. Zip Code 17. E-mail address 15. Zip Code 17. E-mail address 16. Zip Code		
18. I have designated the following bank as my Primary Depository Secondary Depository		
19. Name of Bank 20. Address		
N/A BANN OF AMERICA 19002 BRUCE B JOWN TRULA 37647		
21. City	' 22. County	25. Sale 24. Lip Code
JOHPA	HillsBurge	ngH FL 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.		
25. Date 26. Signature of Candidate		
June 7, 2022		X Vin V- Yould
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
I,, do hereby accept the appointment		
(Please Print or Type Name)		
designated above as:		
6-10-22 X King & afour		
Date		Signature of Campaign Treasurer or Deputy Treasurer