

**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)

Edward Lamp II

**3. Address** (include post office box or street, city, state, zip code)

11734 Holly Creek Dr. Riverview, FL 33569

**4. Telephone**

(914 ) 582-6819

**5. E-mail address**

ewlamp@gmail.com

**6. Office sought** (include district, circuit, group number)

Supervisor, Seat 2, Rivercrest CDD

**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**

Adrienne Lamp

**11. Mailing Address**

11734 Holly Creek Dr

**12. Telephone**

( 914 ) 582-6820

**13. City**

Riverview

**14. County**

Hillsborough

**15. State**

FL

**16. Zip Code**

33569

**17. E-mail address**

adriennekoster@yahoo.com

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

**19. Name of Bank**

TD Bank

**20. Address**

6176 N US Highway 41

**21. City**

Apollo Beach

**22. County**

Hillsborough

**23. State**

FL

**24. Zip Code**

33572

**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**

6/13/2022

**26. Signature of Candidate**

*E. Lamp*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Adrienne Lamp, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

6/13/2022

Date

*Adrienne Lamp*  
Signature of Campaign Treasurer or Deputy Treasurer