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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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) 3. Address (include post office box or street, city, state, zip									
AMANDA LYNN HURTAK 5914 N TAMPAST									
4. Telephone 5. E-mail address 5. E-mail address									
(352) 222-6069 CONTACT@LYNNHURTAK.COM TAMPA, FL 33604									
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if									
TAMPA CITY COUNCI	applicable: My intent is to run as a Write-In candidate.								
8. If a candidate for a <u>partisan</u> 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 TIMOTHY BURKE									
11. Mailing Address 5914 N TAMPA ST				12. Telephone (352) 222 - 2766					
13. City	14. County 15. St APA HILLS BOROUGH FU			1 <u> </u>					
TAMPA	HILLSBOROUGH	- 33604 TIMOTHY. BURKE			KE @	2 GMAIL.COM			
18. I have designated the following bank as my Primary Depository Secondary Depository									
19. Name of Bank TRUIST 20. Address 401 E JACKSON ST									
21. City TAMPA	22. County HILLSBOROUGE			23. State			24. Zip Code 33602		
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 31 Oct 2022 26. Signature of Candidate Mendo									
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I, Τινοτας Clease Print or Type Name), do hereby accept the appointment									

Deputy Treasurer.

Signature of Campaign Treasurer or Deputy Treasurer

Campaign Treasurer.

DS-DE 9 (Rev. 10/10)

Date

designated above as:

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