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: Tre	easurer/Deputy Depository Office Pairty	
2. Name of Candidate (in this order: First, Middle, Last) 4. Telephone 5. E-mail address 1000-1-Benne H 33+60 Gmnd, Com	3. Address (include post office box or street, city, state, zip code)	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if	
Lehigh Acres Fire Compilesioner Sea	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		
10. Name of Treasurer or Deputy Treasurer		
11. Mailing Address	12. Telephone	
16 / emple CT	(4a) 623/66/	
13. City 14. County 15. State		
18. I have designated the following bank as my	Primary Depository Secondary Depository	
Florica Commercity Bank	20. Address 1261 Homewhead Rd North	
21. City 22. County 22. County	23. State 24. Zip Code 33936	
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 2	26. Signature of Candidate	
7- 25-18	X N	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
(Please Print or Type Name)	, do hereby accept the appointment	
designated above as: Campaign Treasurer Deputy Treasurer.		
7.25.18 X		
Date S	ignature of Campaign Treasurer or Deputy Treasurer	