

**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.**

**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)

Todd James Truax

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

PO Box 367193, Bonita Springs, FL 34136

**4. Telephone**

(239 ) 994-6872

**5. E-mail address**

doverstone26478@gmail.com

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

Lee County Commissioner 3

**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    ☒ Democratic Party candidate.

**9. I have appointed the following person to act as my** ☐ Campaign Treasurer ☒ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Carol J. Hedman

**11. Mailing Address**

26700 Lost Woods Circle

**12. Telephone**

( 239 ) 948-5290

**13. City**

Bonita Springs

**14. County**

Lee

**15. State**

FL

**16. Zip Code**

34135

**17. E-mail address**

carolhedman@hotmail.com

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Suntrust

**20. Address**

26731 S. Tamiami Trail

**21. City**

Bonita Springs

**22. County**

Lee

**23. State**

FL

**24. Zip Code**

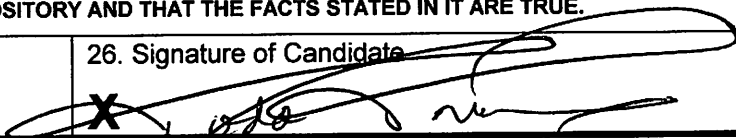
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**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

August 12, 2019

**26. Signature of Candidate**



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

I, Carol J. Hedman, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

August 12, 2019

Date

**X**

  
Signature of Campaign Treasurer or Deputy Treasurer