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

'22AUG23PM0434 SQE Lee Co F1

officer before opening the campaign account.							OFFIC	E USE	ONLY	
1. CHECK APPROPRIATE E	• •				_					
Initial Filing of Form	Re-filing to Chang		reasurer/		<u> </u>		Office		Party	
2. Name of Candidate (in th		Address (include post office box or street, city, state, zip code)								
MATTHEW WOOD			_	1209 RANDAN ST E LEHIGH ACRES FL 33974						
4. Telephone	5. E-mail address						ONLOTE	- 0007	7	
(239) 4052827 II	NFO@VOTEMATT	rwood	.C							
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if										
LEE COUNTY COMMISSIONER DISTRICT 5 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 ☑ DEMOCRAT Party candidate.										
9. I have appointed the following person to act as my Campaign Treasurer 💢 Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer										
LAURA VIETH										
11. Mailing Address		12. Telephone								
12578 CHERRY RIDGE LN				(239) 3980158						
13. City FORT MYERS,	14. County LEE	1	te 16. Zip Code 17. E-mail address 33967							
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank 20. Address										
LAKE MICHIGAN CREDIT UNION 17830 Ben Hill Griffin Pkwy,										
21. City	22. County			23. State			24. Zip C	ode		
Fort Myers,	LEE			FL			33913			
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. Sign	ture of Can	didate		****	_		
8/22/22			x'	17/11	=NNOO'					
27. Treasurer'	's Acceptance of App	ointment	(fill in the	blanks and	check the a	ppropriat	e block)			
ı,LAURA VIETH				, do hereby accept the appointment						
(Please Print or Type Name)										
designated above as:	Campaign	Treasurer		Deputy Tre	asurer.		1		į	
8/22/22	•	X			wa	Yest				
Date Signature of Campaign Treasurer or Deputy Treasurer										