

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

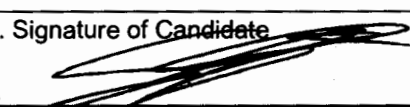
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MANATEE COUNTY
SUPERVISOR OF ELECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input checked="" type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party				
2. Name of Candidate (in this order: First, Middle, Last) Scott Lawrie Hopes		3. Address (include post office box or street, city, state, zip code) 2980 50th AVE W #23 Bradenton, FL 34207		
4. Telephone (941) 227-2688	5. E-mail address scott@scotthopes.us			
6. Office sought (include district, circuit, group number) Manatee County School Board District 4		7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> 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 <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.				
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer				
10. Name of Treasurer or Deputy Treasurer David E. Ramba				
11. Mailing Address 120 South Monroe ST			12. Telephone (850) 727-7086	
13. City Tallahassee	14. County Leon	15. State FL	16. Zip Code 32301	17. E-mail address David@rambaconsulting.com
18. I have designated the following bank as my <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository				
19. Name of Bank Capitol City Bank		20. Address 217 N. Monroe St.		
21. City Tallahassee	22. County Leon	23. State FL	24. Zip Code 32301	
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 1/4/2018		26. Signature of Candidate X 		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
I, <u>DAVID E. RAMBA</u> , do hereby accept the appointment (Please Print or Type Name)				
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.				
<u>1/4/2018</u> Date		X <u>David E. Ramba</u> Signature of Campaign Treasurer or Deputy Treasurer		