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

JO DO NOT INTEND TO COLLECT DRS PEND ANY MONEY

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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: | ☐ Trea | asurer/Deputy | ☐ De | pository | | Office | | Party |
| 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) | | | | | | | | rip | |
| Robert Swi | | 12221 CHUBHOUSE DRIVE | | | | | | | |
| 4. Telephone 5. E-mail address ROD & NT SWIATER CO NER 120N ハレビ | | | LAKEWOOPRANCH I-L 34202 | | | | | | |
| | | | | | | | | | |
| 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: | | | | | | | | | |
| LAKE WOOD RANSE CODI SUPERVISOR 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 AffiliationParty candidate. | | | | | | | | | |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer | | | | | | | | | |
| 11. Mailing Address | | | Telepho | one | | | | | |
| | | | | (|) | | | | |
| 13. City | 14. County | 15. State | e 16. Zip Code 17. E-mail address | | | | | | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | | | | |
| 19. Name of Bank 20. Address | | | | | | | | | |
| 21. City | 22. County | | 23. 8 | State | | 2 | 4. Zip Co | ode | |
| | | | | | | | | | |
| 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. Signature of Candidate | | | | | | | | | |
| 6-4-2018 X 2018 Jeweatch | | | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | |
| I,, do hereby accept the appointment | | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer. | | | | | | | | | |
| X | | | | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | | |