## **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

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2018 JUN 18 PM 12 32

TEF COURTY

OFFICERS

officer before opening the campaign account.					OFFICE USE ONLY									
1. CHECK APPROPRIATE BOX(ES):														
Initial Filing of Form	Re-	-filing to Change:	T	reasu	rer/Deputy		Depository		Office		Party			
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip									
Joseph M. Ligi					code)  5807 112th Avenue East									
4. Telephone 5. E-mail address					Parrish, Florida 34219									
(941 ) 776-3627	11 ) 776-3627 jfligi01@gmail.com													
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if									
Harrison Ranch CDD					applicable:  My intent is to run as a Write-In candidate.									
Sext 2		I wiy intent is to run as a vente-in candidate.												
8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> My intent is to run as a														
☐ Write-In ☐ No Party Affiliation ☐ Republican Party candidate.														
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer														
10. Name of Treasurer or Deputy Treasurer  NONE														
11. Mailing Address					12. Telephone									
					( )									
13. City	14. County 15. St			ate	te 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									
NONE														
21. City 22. County					23. State				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					26. Signature of Candidate									
May 18, 2018					X Joseph M. Ligi									
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 Tr	easure	er	Deput	ty Tre	easurer.							
		,	X											
Date				Signature of Campaign Treasurer or Deputy Treasurer										