C)					0			
	-		1	DO	NO	- ,	10TEND	
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN			TO COLLECT OR SPEDD					
DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)		Ar	2- ( Dark	HILL MG10E	HEU HE 12	38 yord stretie Fee		
(PLEASE PRINT OR TYPE)			The	$O_{\mathcal{S}}^{(0)}$	).	Reg	sherie For	
NOTE: This form must be on file with the qualifying officer before opening the campaign account.				SUPE	11712	901	TOUS 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) Alan Grescing Slowy 125			3. Address (include post office box or street, city, state, zip code) 13302 1-a Imar's Creek Terrace Lake war Rauch, FL. 34202					
4. Telephone // // 5. E-n	nail address							
6. Office sought (include district, circuit, group number) Ca Ke was have a Community of the analytic applicable: 7. If a candidate for a <u>nonpartisan</u> office, check applicable:								
Dave Spmint Paistant #5 -> Sect 3 Dy 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 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			12. Telephone					
		(				)		
13. City 14.	County	15. St	ate 16. Zip Code 17. E-mail address					
18. I have designated the following bank as my			Prima	Primary Depository Secondary Depository				
19. Name of Bank				20. Address				
21. City	22. County		L	23. State			24. Zip Code	
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 Che floglad					
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	Freasure	er 🗖	Deputy Tr	easurer.			
Date Signature of Campaign Treasurer or Deputy Treasurer								
Date			Signature	of Campai	ign Treasur	er or Depu	uty Treasurer	

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