MONEY OR CAMPAIGN

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

RECEIVED

2018 JUN 18 FM 12 37

| officer before opening the campaign account. | | | OFFICE USE ONLY | |
|--|-------------|---|-----------------|--------------|
| 1. CHECK APPROPRIATE BOX(ES): | | | | |
| Initial Filing of Form Re-filing to Chang | e: 🔲 Tre | easurer/Deputy | Depository | Office |
| 2. Name of Candidate (in this order: First, Middle, Last) | | 3. Address (include post office box or street, city, state, zip | | |
| JAMES PETER ROGOZE | | code) 7624 PORTSTEWART DR. | | |
| 4. Telephone 5. E-mail address | | LAKEWOOD RANCH FL. 3402 | | |
| (941) 388-68 11 TROGOZE & G MAIL · COM | | | | |
| 6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | |
| SUPERVISOR LAKEWOOD | applicable: | | | |
| C'DD 6 SeaT 2 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 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 | | | | |
| () | | | | |
| 3. City 14. County 15. State | | 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. State | | 24. Zip Code |
| 21. Oky 22. County | | | | p |
| 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 | | | | |
| 06/05/2018 X Jams P. Rogoze | | | | |
| 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 | | | | |