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

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

(PLEASE PRINT OR TYPE)

T. DO NOT INTEND TOMBONIFICOUNTY MONEYEE COUNTY ECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.	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)	3. Address (include post office box or street, city, state, zip
DANIEL D. TOWERS	76/8 BIADS EXE TR
4. Telephone 5. E-mail address	
(941) 727-5883 POW8136@ KRIZON, NET ORNDENTON, 76, 154-203	
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if	
BOARD SEATHS (D) applicable:    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	
10. Name of Treasurer or Deputy Treasurer	
(SELF) DANKEL J. LOWERS	
11. Mailing Address	12. Telephone
13. City 14. County 15. S	itate 16. Zip Code 17. E-mail address
$\mathcal{B}_{\gamma}$	10. Zip 3000 11 Ziman 444.000
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
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	
6-12-2018 X4m/18/	
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