APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

If do not intend to spart as recieved fends

NOTE: This form must be on file with the qualifying officer before opening the campaign account.		ying							OFFICE	USE	ONLY	
1. CHECK APPROPRIATE BOX(ES								.,				
	-filing to Change: [Tre	asurer/[Deputy	D D	epositor	у [Office		Party	
2. Name of Candidate (in this orde	r: First, Middle, Las	st)	3. Add	dress (inc	lude po	st offic	e box o	or str	eet, city,	state, z	zip	
Anthory Michael Francis			code) JSF Daylie CI, Brasenten, F1. 34212									
4. Telephone 5. ⊑-ma	iii auuress		D. 2.2									
(941) 465-1421 ar	4 fre acci	OM										
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if								
Board Sup. & CDD sent #5			applicable:								doto	
Grey HAUK Landing			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. Te	eleph	one			
			()									
13. City 14. C	. City 14. County 15. Sta		ite 16. Zip Code 17. E-mail address								<u> </u>	
18. I have designated the following	Primary Depository Secondary Depository											
19. Name of Bank			20. Address									
21. City 22. County			23. State					24. Zip Code				
21. City 22. County			23. State					'	24. Zip Gode			
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												
6/15/18	X Cothay M. Leanci											
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I,, do hereby accept the appointme							intmen	t				
(Please Print or Type Name)												
designated above,as: Campaign Treasurer Deputy Treasurer.												
X												
Date			Signature of Campaign Treasurer or Deputy Treasurer									