## 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

I Don't intend to collect or spand any money received

TEE CHUNTY ESTIONS

officer before opening the c	ampaign account.						OFFICE	USE ONL	<u>.Y</u>
1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party									
2. Name of Candidate (in this	s order: First, Middle, La	ast)	3. Add	ress (includ	e post office	box or s	treet, city,	state, zip	
Michael Dowd  4. Telephone   5. E-mail address   code) 16405 Rivers Reach Blue   Partish FL 34219									
4. Telephone 5. E-mail address									
(9411) 900 8111 m: kedondfl@gmil.com									
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if									
applicable:									
Waters Edge COD Seat 5 My intent is to run as a Write-In candidate.									
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a									
Write-In No Party Affiliation Party 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. Stat	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							
21. City	22. County			23. State			24. Zip Co	ode	
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.									D
25. Date				26. Signature of Candidate					
6/19/18				X					
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									