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 will not receive or spend money on my campaign

MANATEE COUNTY SUPERVISOR OF ELECTIONS

| officer before opening the campaign account. | | | | | | | | | OFFIC | E USE | ONLY | |
|--|-------------------------|-------------------------------------|-------|--------|---|---|--------|---------|--------------|-------|-------|--|
| 1. CHECK APPROPRIATE Initial Filing of Form | • | : S): e-filing to Change: | : 🔲 ¹ | Γreasι | urer/D | Deputy [| Deposi | itory [| Office | | Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | | | 3. Address (include post office box or street, city, state, zip | | | | | | |
| David Gerald Bishop Jr | | | | | | code) 1208 71st Street NW | | | | | | |
| 4. Telephone | phone 5. E-mail address | | | | Bradenton, FL 34209 | | | | | | | |
| (941) 792-9721 | bishop | ishop4wmfd@gmail.com | | | | | | | | | | |
| 6. Office sought (include district, circuit, group number) | | | | | | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | | | |
| West Manatee Fire Rescue District, Seat 4 Incumber | | | | | | nt 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 Affiliation M/A Party candidate. | | | | | | | | | | | | |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | | | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer N/A | | | | | | | | | | | | |
| 11. Mailing Address | | | | | | 12. Telephone | | | | | | |
| 13. City | 14. County 15. | | | ate | te 16. Zip Code 17. E-mail address | | | | | | | |
| 18. I have designated the following bank as my | | | | | Primary Depository Secondary Depository | | | | | | | |
| | | | | | 0. Address | | | | | | | |
| N/A | | | | | | | | | | | | |
| 21. City | I. 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. | | | | | | | | | | | | |
| | | | | | 6. Signature of Candidate | | | | | | | |
| MA 01.5013 X | | | | | | 1 Sollynh | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | | |
| ı,N/A | | | | | , do hereby accept the appointment | | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer. | | | | | | | | | | | | |
| N/A X | | | | | | | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | | | | | |