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 do not intend to spend on receive funds for my campaign, Mu

MANATEE COUNTY SUPERVISOR OF ELECTIONS

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 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 5642 Whitehend ST Brodenton FL 34203 (941) 993 5007 5642 Whitehead @ GMAIL.com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if HARDGRAGE CDD AT BRADEN RIVER applicable: My intent is to run as a Write-In candidate. Seat #4 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 candidate. Party 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. 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 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 6-22-2018 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. Χ Signature of Campaign Treasurer or Deputy Treasurer Date