| APPOINTMENT OF CAMPAIGN TREASURER   | HECEIVED  |
|---|---|
| AND DESIGNATION OF CAMPAIGN   |   |
| DEPOSITORY FOR CANDIDATES<br>(Section 106.021(1), F.S.)   | 2019 MAR 18 6M 11 14  |
|   | NA CIFE CO MITY   |
| (PLEASE PRINT OR TYPE)  | SUPERVISION DE COTIONS  |
| NOTE: This form must be on file with the qualifying<br>officer before opening the campaign account. OFFICE USE ONLY   |   |
| 1. CHECK APPROPRIATE BOX(ES):   |   |
| 🔲 Initial Filing of Form Re-filing to Change: 💢 Treasurer/(eputy) 🗖 Depository 🔲 Office 🔲 Party   |   |
| 2. Name of Candidate (in this order: First, Middle, Last)   | 3. Address (include post office box or street, city, state, zip code) |
| Charles Rick Wells  | CODE) P.O. BOX 284  |
| 4. Telephone 5. E-mail address  | Parrish, FL 34219   |
| Lupita wells ognail.co  |   |
| 6. Office sought (include district, circuit, group number)  | 7. If a candidate for a <u>nonpartisan</u> office, check if           |
| Sheriff of Manatee Countu   | applicable:<br>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 & <u>Republican</u> 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   |   |
| P.O. Box 284  |   |
| 13. City<br>Parrish Manatee FL 34219 Iupita wells @ amail. com  |   |
| 18. I have designated the following bank as my  |   |
| 19. Name of Bank  | 20. Address   |
| Suntrust  | 1670 US41 Bypass Douth  |
| 21. City 22. County   | 23. State 24. Zip Code  |
| Venice Sarasot  |   |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND<br>DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. |   |
| 25. Date  | 26. Signature of Candidate  |
| 3-18-19   | XULL R. Wills   |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  |   |
| I,UPITA   | , do hereby accept the appointment                                    |
| designated above as:  |   |
| 3/15/19 X Austa 1/111   |   |
| Date Signature of Campaign Treasurer or Deputy Treasurer  |   |

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