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

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MANATEE COUNTY SUPERVISOR OF ELECTIONS OFFICE USE ONLY

officer before opening the campaign account.				
1. CHECK APPROPRIATE BOX(ES): Traceurer/Deputy				
Initial Filing of Form Re-filing to Change. I Treasurer/Deputy I Bopository				
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 55 19 70+6 2 cive east 1. Telephone 5. E-mail address 1. Last 3. Address (include post office box or street, city, state, zip code) 55 19 70+6 2 cive east 1. Last 1. Last 1. Last 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 55 19 70+6 2 cive east 1. Last 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 55 19 70+6 2 cive east 1. Last 2. Last 3. Address (include post office box or street, city, state, zip code) 55 19 70+6 2 cive east 1. Last 2. Last 3. Address (include post office box or street, city, state, zip code) 55 19 70+6 2 cive east 1. Last 2. Last 3. Address (include post office box or street, city, state, zip code) 55 19 70+6 2 cive east 1. Last 2. Last 3. Address (include post office box or street, city, state, zip code) 55 19 70+6 2 cive east 1. Last 2. Last 3. Address (include post office box or street, city, state, zip code)				
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if				
applicable:				
Manatee Supervisor of Elections 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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer				
10. Name of Treasurer or Deputy Treasurer				
Charles N Williams Jr. Deputy Treasure				
11. Mailing Address / 12. Telephone				
5519 70th drive Fast (941) 812-2195				
13. City 14. County 15. State 16. Zip Code 17. E-mail address				
thenton 1	Nanatee +1	34222	Pastor Kingof Ki	Msogmail.com .
18. I have designated the following bank as my Primary Depository Secondary Depository				
19. Name of Bank 20.		0. Address		
Bank of America 7008 U.S. Highway 30/N 21. City 22. County 23. State 24. Zip Code				
21. City	22. County	23 State		24. Zip Code
Ellenton	Manatee	+	Alloway and the second and the secon	34222
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				
06-06-2020 X Charles N William JC				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
1. Charles N Williams Jr., do hereby accept the appointment (Please Print or Type Name)				
designated above as: Deputy Treasurer Deputy Treasurer.				
D6-06-2020 X Charles N Welliam Jr.				
Date Signature of Campaign Treasurer or Deputy Treasurer				