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

RECEIVED

2020 MAY 12 PM 2 02

MARCTEE GOUNTY SUPERVISOR FOR FORMAS

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 Office Party
2. Name of Candidate (in this order: First, Middle, Last) Kristy Zinna 4. Telephone (941) 209-1511 zinnaforjudge@gmail.com	3. Address (include post office box or street, city, state, zip code) 1017 MANATEE AVENUE WEST BRADENTON, FLORIDA 34205
6. Office sought (include district, circuit, group number) MANATEE COUNTY COURT, GROUP 4	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fi	Il in name of party as applicable: My intent is to run as 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	
11. Mailing Address	12. Telephone
13. City 14. County 15. St	ate 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 5/12/20	26. Signature of Candidate X LULL AUNC AUNC
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)	, as notably associate appointment
designated above as: Campaign Treasure	r Deputy Treasurer.
Date X	Signature of Campaign Treasurer or Deputy Treasurer