

**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 officer before opening the campaign account.**

I DO NOT INTEND TO RECEIVE  
OR SPEND FUNDS FOR MY  
CAMPAIGN. *Daniel J Center*  
5/29/2020

2020 MAY 29 AM 10:33

MANATEE COUNTY  
SUPERVISOR OF ELECTIONS

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)**

DANIEL J. CENTER

**3. Address (include post office box or street, city, state, zip code)**

3234 58 TER. E.

**4. Telephone**

941 737-2039

**5. E-mail address**

DCENTER@SMFR.COM

BRADENTON, FL 34203

**6. Office sought (include district, circuit, group number)**

SOUTHERN MANATEE  
FIRE RESCUE - SEAT 2

**7. If a candidate for a nonpartisan office, check if 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     \_\_\_\_\_ 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. 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**

5-29-2020

**26. Signature of Candidate**

X *Daniel J Center*

**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)

designated above as:     Campaign Treasurer     Deputy Treasurer.

X

Date

Signature of Campaign Treasurer or Deputy Treasurer