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.

2020 MAY 29 PH 2: 18

AMMALE COUNTY SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

officer before opening the ca	ampaig	n account.							OFFICE	USE ONL	
1. CHECK APPROPRIATE BO Initial Filing of Form		: ling to Change:		reasui	rer/D	eputv	Deposito	ory [Office	Pan	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip code)						
NANCY I MCMall						Bradenton, F1 34281					
4. Telephone 5. E-mail address						Readenton F1 34281					
(517) 749-4440 fefcd@tefcd.com											
6. Office sought (include district, circuit, group number) File Commissioner - Thaile Estate applicable: 7. If a candidate for a <u>nonpartisan</u> office, check if applicable:									, check if		
Fire Condrol Distric 405 SEAT 3 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											
HUNE											
11. Mailing Address 12. Telephone											
								()		
13. City	15. Sta	itate 16. Zip Code 17. E-mail address									
	14. Co	,				'					
18. I have designated the following bank as my Primary Depository Secondary Depository								ory			
19. Name of Bank					20. Address						
NUNE											
21. City		22. County				23. State			24. Zip Co	ode	
		,									
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											
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5-26-8	عد مد	>		X	7//	ancy	7 11		M		
27. Treasurer's	s Accep	otance of Appo	intmen	t (fill in	the	blanks and	check the	appropri	ate block)		
I, do hereby accept the appointment											
(Please Print or Type Name)											
designated above as: Campaign Treasurer Deputy Treasurer.											
· ,	لسب										
X											
Date				Signature of Campaign Treasurer or Deputy Treasurer							