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I do not intend to receive or spend funds for my campaign.

JUN 1 AM 8 15
MANATEE COUNTY
SUPERVISOR OF ELECTIONS

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.

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)
 Samuel Anderson "Andy" Reasoner

3. Address (include post office box or street, city, state, zip code)
 7711 Westmoreland Drive
 Sarasota, FL 34243-1937

4. Telephone (941) 752-1881 5. E-mail address Andy@RoyalPalmNurseries.c

6. Office sought (include district, circuit, group number)
 Cedar Hammock Fire Control District, Seat One

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 () _____

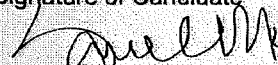
13. City _____ 14. County _____ 15. State _____ 16. Zip Code _____ 17. E-mail address _____

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 5/30/2020 26. Signature of Candidate **X** 

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