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.

RECEIVED

2020 JUN -2 PM 2:09

MANATEE COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
[X] Initial Filing of Form   Re-filing to Change: [ ] Treasurer/Deputy   [ ] Depository   [ ] Office   [ ] Party

2. Name of Candidate (in this order: First, Middle, Last)
Dennis Michael Smith

3. Address (include post office box or street, city, state, zip code)
543 Honeyflower Loop
Bradenton, FL 34212

4. Telephone
(941) 251-9611

5. E-mail address
Lcdrusnr@tampabay.rr.com

6. Office sought (include district, circuit, group number)
Greyhawk Landing CDD Seat #2

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 fill in name of party as applicable: My intent is to run as a
[ ] Write-In   [X] 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
N/A

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
28 MAY 2020

26. Signature of Candidate
X Dennis M. Smith

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

DS-DE 9 (Rev. 10/10)   Rule 1S-2.0001, F.A.C.