	ON OF CAMPA OR CANDIDAT 0.021(1), F.S.) INT OR TYPE) on file with the	IGN ES qualifying					OFFICE		
1. CHECK APPROPRIATE BOX(ES):									
Initial Filing of Form Re-filing to Change: X Treasurer/Deputy Depository Office Party									
	s order: First, Midd 5. E-mail address ncginley44@gn	code) 823 (	3. Address (include post office box or street, city, state, zip code) 823 Queen Palm Lane Sarasota FI. 34243						
<ol> <li>Office sought (include district, circuit, group number)</li> <li>Cedar Hammock Fire District seat #1</li> </ol>				<ul> <li>7. If a candidate for a <u>nonpartisan</u> office, check if applicable:</li> <li>My intent is to run as a Write-In candidate.</li> </ul>					
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									
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer									
Richard P McGinley				12 Tolor					
823 Queen Palm Lane				12. Telephone (941) 2566405					
13. City	14. County	15. St	ato 16	Zip Code	17 E ma		236640	o	
Sarasota	Manatee	FI		5. Zip Code 17. E-mail address 243 rmcginley44@gmail.com					
18. I have designated the following bank as my Primary Depository Secondary Depository									
19. Name of Bank Fifth third Bank				20. Address 5305 26th Street W					
21. City 22. County			5505 20	23. State 24. Zip Code					
Bradenton	Manatee		FI			34207			
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 2				26. Signature of Candidate					
6/26/2020				X lined P Hoto					
27. <b>Treasurer's Acceptance of Appointment (</b> fill in the blanks and check the appropriate block)									
Bichard P McGinley									
(Please Print or Type Name)				······	, uo nei	eny accep	n uie appoi	nunent	
designated above as: Campaign Treasurer Deputy Treasurer									
6/26/2020 X Cutal M. M.									
Date			Signature	Signature of Campaign Treasurer or Deputy Treasurer					