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 JUNIO PH 1:21
APPERVISOR OF ELECTIONS

OFFICE USE ONLY

officer before opening the ca					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)			3. Address (include post office box or street, city, state, zip code) 004 RAINBOW COURT BRADENTON, FL			
SYDNEY SMITH KINDS						
•	E-mail address			34212		
(512)965-2433 5	KINDS@ AGL.	:OM				
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if applicable:		
SUPERVISOR - SEAT 2 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						
10. Name of Treasurer or Deputy Treasurer (U/4 - NO CONTRIBUTIONS COLLECTED OR EXPENSES)						
11. Mailing Address 12. Telephone						
13. City	14. County	15. State	ate 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 26. Signature of Candidate						
JUNE 9, 2020 X Syla Q'						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)						
, 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			