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.

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TO ALL THE COUNTY SUFER A STEEDIS

OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form
Re-filing to Change:
Treasurer/Deputy
Depository Office Partv 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 5219 FT. HamER RD PARRISH FL. 34219 4. Telephone 6. Office sought (include district, circuit, group number)

PARRISH FIRE DISTRICT 7. If a candidate for a <u>nonpartisan</u> office, check if applicable: 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 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 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , 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