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

I DO NOT INTEND TO RECEIVE OR SPEND PORSO FOR MY CAMPAIGN 2020 JUNI 11 AM 10: 43 Mc Canaf

dabarde county supervisor of elections

| officer before opening the campaign account. | | | | | OFFICE USE ONLY | | | | | | |
|--|-----------------------|-------------|----------|---|---|---------------------------------------|-----------|-----------|-------|--------|--|
| 1. CHECK APPROPRIATE | | | | | | | | | | | |
| ✓ Initial Filing of Form | | to Change: | ☐ Tre | easurer/l | |] Depository | | Office | | Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | 3. Address (include post office box or street, city, state, | | | | | | | |
| Richard Eugene Carroll | | | | 820 Ñ | code) 820 Maritime Ct. | | | | | | |
| 4. Telephone | one 5. E-mail address | | | | Bradenton, FL 34212 | | | | | | |
| (941) 747-8468 r | ecarroll13 | @verizon.r | net | | | | | | _ | | |
| 6. Office sought (include district, circuit, group number) Supervisor, Waterlefe CDD, 133, | | | | 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 ☐ 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. Stat | State 16. Zip Code 17. E-mail addr | | | | | | | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | | | | | | |
| 19. Name of Bank | | | | 20. Address | | | | | | | |
| 21. City | 21. City 22. County | | | | 23. State | | | 24. Zip C | ode | | |
| | | | | FORFOC | INC FORM FO | A A A A A A A A A A A A A A A A A A A | IT OF CAL | MPAIGN TR | FASUR | FR AND | |
| 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 08, 2020 | | | | | X Milard & Carroll | | | | | | |
| 27. Treasure | r's Accepta | nce of Appo | intment | (fill in th | e blanks and | I check the ap | propriate | e block) | | | |
| I,, do hereby accept the appointment | | | | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | |
| designated above as: | | Campaign T | reasurer | | Deputy Tr | easurer. | | | | | |
| | | | X | | | | | | | | |
| Date | | | | | Signature of Campaign Treasurer or Deputy Treasurer | | | | | | |

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