APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

I do not intend to receive of spendy funds for my cam paign. (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Office Party Re-filing to Change: Initial Filing of Form 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) code) Susan Diane Wickens 16324 Rivers Reach Blvd 5. E-mail address Parrish FL 34219 4. Telephone susanwickens@live.com (240) 299-3440 7. If a candidate for a <u>nonpartisan</u> office, check if 6. Office sought (include district, circuit, group number) applicable: Board of Supervisors, My intent is to run as a Write-In candidate. Waters Edge Community Development District South 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 Party candidate. No Party Affiliation Write-In **Deputy Treasurer** Campaign Treasurer 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer 12. Telephone 11, Mailing Address 16. Zip Code 17. E-mail address 15. State 14. County 13. City Secondary Depository Primary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank 24. Zip Code 23. State 21. City 22. County 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. 26. Signature of Candidate / 25. Date Susen Wiche 6-10-2020 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) Deputy Treasurer. Campaign Treasurer designated above as: X Signature of Campaign Treasurer or Deputy Treasurer Date