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 Funds FOR MY CAMPAIGN

2020 JUN 11 PM 2: 04

TAINTLE COURTY SUPERVISOR OF ELECTIONS

officer before opening the campaign account.			OFFICE USE ONLY						
1. CHECK APPROPRIATE BOX(ES):									
/	Re-filing to Change:	Tre	asurer/D		Depositor		Office		Party
2. Name of Candidate (in this	order: First, Middle, La	st)	3. Add code)	ess (includ	e post office	e box or st	reet, city,	state, z	:ip
Ryan Harris Stulman 4. Telephone 5. E-mail address (410) 599-6017 Tyanstulman.edd@gmail			code) 11338 77 th St. E PARRISH, FL 34219						
4. Telephone 5.	E-mail address	_		PARA	ush, rc	- 370.	•		
I									
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if									
Copperstone Community Development District applicable: My intent is to run as a Write-In candidate.									
Supervisor, DEAT #5									
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 Par	ty Affiliation				-	Par	ty can	didate.	
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									
11. Walling Address									
13. City	15. State	ate 16. Zip Code 17. E-mail address							
To. Oity	14. County								
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 C	ode	
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									
6/11/2020 X 2yao 4 Stulmon									
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.									
l x									
Date Signature of Campaign Treasurer or Deputy Treasurer									
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