STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

City Clerk's Office

JUN 3 0 2020

Time: 339 pm By: 1 Morles

1, Alan C Nash "A.C.Nash"	
candidate for the office of District 2 Commissioner;	
have been provided access to read and understand the requirements of	
Chapter 106, Florida Statutes.	
x	630-2020
Signature of Candidate	Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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

RECEIVED City Clerk's Office

JUN 3 0 2020

OFFICE USE ONLY officer before opening the campaign account. 1/CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy Initial Filing of Form Depository 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) 4. Telephone 5. E-mail address 6. Office sought (include district, circuit, group number) 1. If a candidate for a nonpartisan office, check if applicable: COMPRON 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. **Deputy Treasurer** 9. I have appointed the following person to act as my Campaign Treasurer 10. Name of Treasurer or Deputy Treasurer IVash 12. Telephone 11. Mailing Address 17 E-mail address 13. City 15. State 16, Zip Code 330% **Primary Depository** 18. I have designated the following bank as my 20. Address 19. Name of Bank 23. State 24. Zip Code 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 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) Campaign Treasurer Deputy Treasurer. designated above as:

Signature of Campaign Treasurer or Deputy Treasurer