APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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| NOTE: This form must be on file with the qualifying officer before opening the campaign account. | | | | | | | | | | OFFIC | E USE | ONLY | |
|--|--|--|-----------------|--|---|--|--|--|--|-----------------------|---------|------|--|
| 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party | | | | | | | | | | | | | |
| Name of Candidate (in this order: First, Middle, Last) James Nathan Blackwell | | | | | 3. Address (include post office box or street, city, state, zip code) 3864 Marietta Way | | | | | | | | |
| 4. Telephone (321) 624-2745 | 5. E-mail address Blackwell4Mayor@gmail.co | | | | St. Cloud, FL 34772 | | | | | | | | |
| Office sought (include district, circuit, group number) St. Cloud City Council Seat 1 (Mayor) | | | | | 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 Trisha Blackwell | | | | | | | | | | | | | |
| 11. Mailing Address 3864 Marietta Way | | | | | | 12. Telephone (321) 443-5705 | | | | | | | |
| 13. City St. Cloud | 14. County Osceola | | 15. State FL | | | 5. Zip Code 17. E-mail address 4772 Trish@Cornerstone | | | | | nily.co | m | |
| 18. I have designated the following bank as my | | | | | | | | | | | | | |
| 19. Name of Bank Centerstate Bank | | | | | 20. Address 2801 13th Street | | | | | | | | |
| 21. City St. Cloud | | | | | - | 23. State | | | | 24. Zip Code 34769 | | | |
| St. Cloud Osceola FL 34769 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 2/18/2019 | | 26. Signature of Candidate X James Dathan Ffachwell | | | | | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | | | |
| I,Trisha Blackwell | | | | | , do hereby accept the appointment | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer. 2/18/2019 X Deputy Treasurer. | | | | | | | | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | | | | | | |