

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2022 JUN -8 AM 9:11

PALM BEACH COUNTY, FL.

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Michael Timothy Johnson

3. Address (include post office box or street, city, state, zip code)

15213 64th Place N, Loxahatchee, FL 33470

4. Telephone

(517) 490-3458

5. E-mail address

mjohnson@indiantrail.com

6. Office sought (include district, circuit, group number)

Indian Trail Improvement District Board of Supervisors Seat 5

7. If a candidate for a nonpartisan office, check if applicable:

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.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Michael T. Johnson

11. Mailing Address

15213 64th Place North

12. Telephone

(517) 490-3458

13. City

Loxahatchee

14. County

Palm Beach

15. State

FL

16. Zip Code

33470

17. E-mail address

mjohnson@indiantrail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

PNC Bank

20. Address

7020 Seminole Pratt Whitney Road

21. City

Loxahatchee

22. County

Palm Beach

23. State

FL

24. Zip Code

33470

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

06/08/22

26. Signature of Candidate

X

[Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Michael T. Johnson, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

06/08/22

Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer