

**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
officer before opening the campaign account.**

RECEIVED

2019 FEB -8 PM 4: 16

BRIANE E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

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)

James Robert Cutting, Jr

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

38032 Postal Dr. Unit 603
Zephyrhills FL 33539

4. Telephone

(352) 777-1470

5. E-mail address

jcutting@yahoo.com

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

Pasco Supervisor of Elections

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

Roberta Cutting

11. Mailing Address

38032 Postal Dr. Unit 603

12. Telephone

(352) 777-1470

13. City

Zephyrhills

14. County

Pasco

15. State

FL

16. Zip Code

33539

17. E-mail address

roberta_cutting@yahoo.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

San Antonio Citizens Federal Credit Union

20. Address

12542 Curley St

21. City

San Antonio

22. County

Pasco

23. State

FL

24. Zip Code

33576

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

2-8-19

26. Signature of Candidate

X *James Robert Cutting, Jr.*

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

I, Roberta Cutting, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2-8-19

Date

X

Roberta Cutting

Signature of Campaign Treasurer or Deputy Treasurer