

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

JAN 10 2020

3:05P  
L. Lopez

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)

Christopher A. King

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

37139 Grassy Hill Ln  
Dade City FL 33525

4. Telephone

(352) 999 3410

5. E-mail address

ChrisKingfordade.city.florida@gmail.com

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

City Commissioner Group 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

Dorothy Harris

11. Mailing Address

38420 Roosevelt Ave.

12. Telephone

(352) 999 1204

13. City

Dade City

14. County

Pasco

15. State

FL

16. Zip Code

33525

17. E-mail address

DotRHarris@Embarqmail.com

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

19. Name of Bank

Centennial Bank

20. Address

14033 8th St

21. City

Dade City

22. County

Pasco

23. State

FL

24. Zip Code


33525

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

1/10/20

26. Signature of Candidate

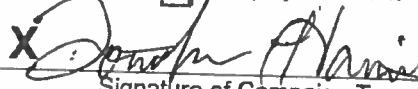
X 

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

I, Dorothy Harris, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

1/20/20  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer