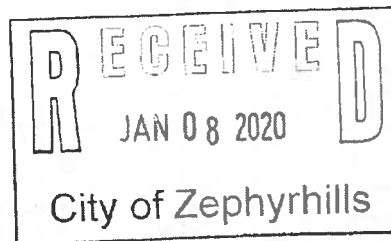| APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: **This form must be on file with the qualifying officer before opening the campaign account.** | RECEIVED JAN 0 8 2020 City of Zephyrhills

OFFICE USE ONLY |

1. CHECK APPROPRIATE BOX(ES):

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

2. **Name of Candidate** (in this order: First, Middle, Last) W. Alan Knight	3. Address (include post office box or street, city, state, zip code) 5649 Beech Street Zephyrhills, FL 33542
4. Telephone (352) 516-1436	5. E-mail address aknight@ci.zephyrhills.fl	

6. **Office sought** (include district, circuit, group number) Council Seat 2	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   [X] Campaign Treasurer   [ ] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Linda Boan

11. Mailing Address 5554 17th Street	12. Telephone (813) 788-6498

13. City Zephyrhills	14. County Pasco	15. State FL	16. Zip Code 33542	17. E-mail address zhcityclerk@yahoo.com

18. **I have designated the following bank as my**   [X] Primary Depository   [ ] Secondary Depository

19. Name of Bank SunTrust	20. Address 11704 U.S. Highway 301

21. City Dade City	22. County Pasco	23. State Florida	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 1/8/2020	26. Signature of Candidate X _Wallace Al K___

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

I, _____Linda D. Boan_____ , do hereby accept the appointment
(Please Print or Type Name)

designated above as: [X] Campaign Treasurer   [ ] Deputy Treasurer.

___1-8-2020___   X _Linda D Boan___
Date   Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)   Rule 1S-2.0001, F.A.C.