

**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

2020 JUN -8 AM 11:56

BRIAN 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)

Seth Weightman

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

P.O. Box 2646
Dade City, FL 33526

4. Telephone

(813) 714-8711

5. E-mail address

seth@sethweightman.com

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

Pasco County Mosquito Control District Seat 1

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

Jessica Weightman

11. Mailing Address

P.O. Box 2646

12. Telephone

(727) 798-1637

13. City

Dade City

14. County

Pasco

15. State

Florida

16. Zip Code

33526

17. E-mail address

jessica@jjgriff.com

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

19. Name of Bank

SunTrust

20. Address

11704 US-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

6/8/20

26. Signature of Candidate

X 

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

I, Jessica Weightman, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/8/20
Date

X 

Signature of Campaign Treasurer or Deputy Treasurer