

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

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BRIAN E CORLEY
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

(PLEASE PRINT OR TYPE)

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)
RANDY S. EVANS

3. Address (include post office box or street, city, state, zip code)
**PO Box 441
New Port Richey, FL 34653**

4. Telephone
(727) 810-1136

5. E-mail address
EVANSRANDY2020@GMAIL.COM

6. Office sought (include district, circuit, group number)
Pasco Co. 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 ~~Part~~ 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
RANDY EVANS

11. Mailing Address
P.O. Box 441

12. Telephone
(727) 810-1136

13. City
New Port Richey

14. County
Pasco

15. State
FL

16. Zip Code
34653

17. E-mail address
EVANSRANDY2020@GMAIL.COM

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

19. Name of Bank
VALLEY

20. Address
710 EAST TARPON AVENUE

21. City
TARPON SPRINGS

22. County
PINELLAS

23. State
FLORIDA

24. Zip Code
34689

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
6/5/2020

26. Signature of Candidate
X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, **RANDY S. EVANS**, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer
6/5/2020 Date **X [Signature]** Signature of Campaign Treasurer or Deputy Treasurer