## 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.

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officer before opening the campaign account.					OFFICE USE ONLY							
1. CHECK APPROPRIATE BOX(ES):												
Initial Filing of Form	Re	-filing to Change:	Т	reasur	er/Deputy	☐ De	epositor	у 🔲	Office		Party	
2. Name of Candidate (in	3. Address (include post office box or street, city, state, zip											
Brenton Anderson Basinger					code)  35604 Wickingham Ct.							
4. Telephone	5. E-ma		Zephyrhills, FL 33541									
(813 ) 995-1176	bbasin	ger@mail.usf.										
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if							
Lake Berandette CDD, Seat 4					applicable:							
					My intent is to run as a Write-In candidate.							
8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> My intent is to run as a												
Write-In No	Party Affi	iliation						Pa	rty cand	lidate.		
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer												
Brenton Basinger												
11. Mailing Address		12. Telephone										
35604 Wickingham Ct.	( 813 ) 995-1176											
13. City	14. County		15. State		16. Zip Code	i 1						
Zephyrhills	Pasc	FL		33541	541   bbasinger@mail.usf.edu							
18. I have designated the	Pr	Primary Depository Secondary Depository										
19. Name of Bank	ddress	-										
Suncoast Credit Union					32745 Eiland Blvd							
21. City		22. County			23. Stat	te			24. Zip C	ode		
Zephyrhills		Pasco			FL			_	33541			
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					26. Signature of Candidate							
08/27/2020					X							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
1,		, do hereby accept the appointment										
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
08/27/2020 X												
Date				Signature of Campaign Treasurer or Deputy Treasurer								