

**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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BRIANE CORLEY  
SUPERVISOR OF ELECTIONS  
NEW PORT RICHEY, 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)**

Michael Press

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

2856 Long Bow Way  
Odessa, FL 33556

**4. Telephone**

(813) 298-7050

**5. E-mail address**

mpress71@gmail.com

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

Astoria CDD Seat 3

**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**

Michael Press

**11. Mailing Address**

2856 Long Bow Way

**12. Telephone**

(813) 298-7050

**13. City**

Odessa

**14. County**

Pasco

**15. State**

FL

**16. Zip Code**

33556

**17. E-mail address**

mpress71@gmail.com

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

**19. Name of Bank**

Bank of America

**20. Address**

2918 Little Rd.

**21. City**

Trinity

**22. County**

Pasco

**23. State**

FL

**24. Zip Code**

34655

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**

6/12/20

**26. Signature of Candidate**

X Michael Press

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

I, Michael Press, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

6/12/20

Date

X Michael Press

Signature of Campaign Treasurer or Deputy Treasurer