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.



officer before opening the campaign account.				OFFICE USE ONLY							
1. CHECK APPROPRIATI	` '										
Initial Filing of Form			easurer/		Depository	<u> </u>	Office		Party		
2. Name of Candidate (in		, Last)	1	3. Address (include post office box or street, city, state, zip							
Charles Edward Proctor			□ code) □ 5529 8th Street								
4. Telephone	5. E-mail address	. E-mail address									
(813) 780-1858	charlieproctor@ver	rizon.net									
6. Office sought (include district, circuit, group number)				7. If a candidate for a nonpartisan office, check if							
Seat 5				applical							
	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					Par	rty cand	didate.			
9. I have appointed the following person to act as my X Campaign Treasurer Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer											
Linda D. Boan											
11. Mailing Address 12. Telephone											
5554 17th Street					3)	313)	788-649	98			
13. City 14. County		15. State	I	. Zip Code	17. E-mail address						
Zephyrhills Pasco FL		FL	33542 zhcityclerk@yahoo.com								
18. I have designated the	Prima	Primary Depository Secondary Depository									
i i				20. Address							
			7741 Eiland Blvd.								
21. City	22. County			23. State			24. Zip Co	ode			
Zephyrhills	Pasco			Florida	<u> </u>	;	33542				
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				6. Signature of Candidate							
January 8, 2021			Charl Edward (hoct?								
27. / Treasure	er's Acceptance of App	ointment (f	ill in the	blanks and	check the appr	opriate	block)				
I, Linda Boan					. do hereby	accept	the appoin	ntment			
, do hereby accept the appointment (Please Print or Type Name)											
designated above as: Campaign Treasurer Deputy Treasurer.											
January 8, 2021 Dinde D. Boan											
Date Signature of Campaign Treasurer or Deputy Treasurer											