APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

JAN 1 9 2021

RECEIVED

CITY OF PORT RICHEY

1:15 PM

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE LISE ONLY

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1. CHECK APPROPRIATE Initial Filing of Form	•	S): -filing to Change:	П т	reas	urer/D	eoutv	Deposito	orv \square	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip												
John Todd Maklary					code) 8731 Betty Street							
· '		5. E-mail address				Port Richey, FL 34668						
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if						
City Council						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 X Campaign Treasurer Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer John Todd Maklary												
11. Mailing Address 12. Telephone												
8731 Betty Street, (786)897-8939												
13. City14		14. County 15. Sta			16. Zip Code 17. E-mail address							
Port Richey	P	Pasco		FL		34668 jtoddmaklary@gmail.com						
18. I have designated the] [Primar	nary Depository Secondary Depository									
					20. Address 3522 US-19							
		22. County		23. State				24. Zip Code				
Port Richey	Port Richey Pasco					FL	34668					
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. Signatur							ture of Candidate					
1/19/21 X					K Sph Vow My							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I, John Todd Maklary , do hereby accept the appointment												
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
1/19/21 X 2 7-2 2001												
Date Signature of Campaign Treasurer or Deputy Treasurer												