APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	R
(PLEASE PRINT OR TYPE)	received
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)	3. Address (include post office box or street, city, state, zip code)
4. Telephone 5. E-mail address	
Ask BECHTSHUD. LING-SIP (COC)	oral 29 50 Christman Dr. Jan Artico FL 31576
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
	applicable:
Constitute Sout 4 Scale Leo FL.	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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	
11. Mailing Address	
12950 christmas Dr.	12. Telephone
13. City 14 County 15 St	ate 16. Zip Code 17. E-mail address (CmH Duyer)
San Antonio Pasco F	
18. I have designated the following bank as my	
19. Name of Bank	20. Address
Wells Fargo 21. City 22 County	11938
C. Outry	23. State 24. Zip Code
	FL' 33576
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
2-5-21	X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
IMONICA_DWJEF (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer	Deputy Treasurer.
E 2-5-21 X	may !
Date S	ignature of Campaign Treasurer or Deputy Treasurer

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Rule 1S-2.0001, F.A.C.