## 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

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SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

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) James Michael Washington PO Box 2277 4. Telephone 5. E-mail address Saint Leo, FL 33574 imwashin@pasco.k12.fl.us (727)379-1969 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if District School Board of Pasco County District 1 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 Roxann Mayros 11. Mailing Address 12. Telephone PO Box 2277 13. City 14. County 15. State 16. Zip Code 17. E-mail address 33574 Saint Leo Pasco FL MENSEGMO 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 21. City 22. County 23. State 24. Zip Code Lephurhills ASCO 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 27. Treasurer's Acceptance of Appointment (fill in the blanks and check/the appropriate block) , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer. Deputy Treasurer. X Signature of Campaign Treasure or Deputy Treasurer