## 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

RECEIVED

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SUPERVISOR OF ELECTIONS MEW PORT RICHEY, FLORIDA

officer before opening the campaign account.								1	OFFIC	E USE ONLY	
1. CHECK APPROPRIATE BOX(ES):											
Initial Filing of Form	Re	filing to Change:	Tr	easu	rer/Dep	outy	Depository		Office	Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip						
Cory Allen Patterson					code) 6450 Sutherland Avenue						
4. Telephone	elephone 5. E-mail address				New Port Richey, Florida 34653						
(727)243-5163	county	comd422@gm	ail.com	۱							
6. Office sought (include district, circuit, group number) County Commissioner District 4						7. If a candidate for a <u>nonpartisan</u> 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											
10. Name of Treasurer or Deputy Treasurer  Cory Allen Patterson											
11. Mailing Address					12. Telephone						
6450 Sutherland Avene					(727) 243-5163						
13. City					16. Zip Code 17. E-mail address				-:1		
New Port Richey Pasco		CO	Florid	a	34653 countycomd422@gmail.com						
18. I have designated the following bank as my											
19. Name of Bank GTE Finanical 20. Address 6901 County Road 52											
					23. State				24. Zip (	Code	
21. City Hudson	City 22. County 25. Co			Florida				34667			
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											
6/1/2027	Long a Patterson										
Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
Cory Allen Patterson , do hereby accept the appointment											
(Please Print or Type Name)											
designated above as:	×	Campaign Tre	easurer.		XX V	Deputy Tr					
6/1/2022			X	4	14 G		teun				
Date	9			Sign	ature o	of Campaig	gn Treasurer o	or Depu	ity Treasi	urer	