## 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.

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22 JUN -2 PM 4: 52

SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

| officer before opening the campaign account.   |                               |               |  | OFFICE USE ONLY   |                                |        |                    |          |  |  |
|--|-------------------------------|---------------|--|---|--------------------------------|--------|--------------------|----------|--|--|
| 1. CHECK APPROPRIATE E   | BOX(ES):                      |               |  |   |                                |        |                    |          |  |  |
| Initial Filing of Form   | Re-filing to Change           | e: 🔲 Trea     | asurer/[   | 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 |                                |        |                    |          |  |  |
| John M. Legg   |                               |               |  | code)<br>10217 Palladio Drive                                   |                                |        |                    |          |  |  |
| 4. Telephone 5   | . Telephone 5. E-mail address |               |  |   | New Port Richey, Florida 34655 |        |                    |          |  |  |
| (727)514-3313  | j Legg 4 Pasco Super          | egmila<br>com |  |   |                                |        |                    |          |  |  |
| 6. Office sought (include district, circuit, group number) Pasco County Superintendent of Schools  |                               |               | 7. If a candidate for a nonpartisan office, check if |   |                                |        |                    |          |  |  |
| 1 addo County Capenintendent of Schools  |                               |               |  | 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 Pa   | rty Affiliation               |               | R  | epublicar   | 1                              | _Part  | ty car             | ndidate. |  |  |
| 9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer  |                               |               |  |   |                                |        |                    |          |  |  |
| 10. Name of Treasurer or De Noreen A Fenner  | puty Treasurer                |               |  |   |                                |        |                    |          |  |  |
| 11. Mailing Address  |                               |               |  | 12. Telephone   |                                |        |                    |          |  |  |
| 1103 Hays Street   |                               |               |  |   |                                | (85    | 0)212              | -0226    |  |  |
| 13. City   | 14. County                    |               | Zip Code 17. E-mail address                          |   |                                |        |                    |          |  |  |
| Tallahassee Leon Florida   |                               |               | 32   | noreen@pacfm.net  |                                |        |                    |          |  |  |
| 18. I have designated the following bank as my   |                               |               |  |   |                                |        |                    |          |  |  |
| 19. Name of Bank  20. Address  |                               |               |  |   |                                |        |                    |          |  |  |
|  |                               |               |  | 522 Thomasville Road  |                                |        |                    |          |  |  |
| 21. City<br>Tallahassee  | Leon                          |               |  | 23. State<br>Florida  |                                |        | 24. Zip C<br>32309 | ode      |  |  |
|  |                               | DEAD THE F    |  |   | D ADDOINTMENT                  | 05.04  |                    |          |  |  |
| 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                                      |                                |        |                    |          |  |  |
| 6/2/2  | <i></i>                       | <b>)</b>      | <b>(</b>   | 1   | h                              |        |                    |          |  |  |
| 27. Treasurer's  | s Acceptance of Appo          | ointment (f   | fill in the  | blanks and  | check the appr                 | opriat | e block)           |          |  |  |
| I,Noreen A Fenner  |                               |               |  | , do hereby accept the appointment                              |                                |        |                    |          |  |  |
| (Please Print or Type Name)  |                               |               |  |   |                                |        |                    |          |  |  |
| designated above as:   | Campaign Tre                  | easurer.      |  | Deputy Pre  | easurer.                       |        |                    |          |  |  |
| 6/2/22   |                               | X             |  |   |                                |        |                    |          |  |  |
| Date Signature of Campaign Treasurer or Deputy Treasurer   |                               |               |  |   |                                |        |                    |          |  |  |