

**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 filing officer before opening the campaign account.

RECEIVED

24 FEB 27 AM 11:19

KRIANE CORLEY
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

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):
(Please Print or Type Name)

John M. Legg

3. Address (include PO Box or Street, City, State, Zip Code):
10217 Palladio Drive
New Port Richey, FL 34655

4. Telephone:

(727) 514-3313

5. Candidate's Voter Registration #:

106429505

(not required for qualifying purposes)

6. Email Address:

jlegg4pascosuper@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Pasco County Superintendent of Schools

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☒ Republican Party candidate.

10. I have appointed the following person to act as my:

☐ Campaign Treasurer

☒ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Kim Bailes

12. Telephone:

(850) 212-0226

13. Email Address:

kim@pacfm.net

14. Mailing Address:

1103 Hays Street

15. City:

Tallahassee

16. State:

FL

17. Zip Code:

32301

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Truist Bank

20. Address:

3522 Thomasville Road

21. City:

Tallahassee

22. County:

Leon

23. State:

FL

24. Zip Code:

32309

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

2/27/24

26. Signature of Candidate:

X

27.

Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Kim Bailes

do hereby accept the appointment designated above as:

(Please Print or Type Name)

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

2/12/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X

Kim Bailes