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 LAND O'LAKES, FLORIDA

officer before opening the campaign account.									OFFIC	E USE ONLY		
1. CHECK APPROPRIATE BOX(ES):												
		-filing to Change:		reasu	rer/D	eputy	Depository		Office	☐ Party		
2. Name of Candidate (in this order: First, Middle, Last)					Address (include post office box or street, city, state, zip code)							
James Carl Steele						3887 Round Table Ct. Land O Lakes						
		mail address York EL 24620										
(727)656-7694 j	steel	le1020@gr	nail.c	בן י	`L U)4030 						
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if						
County Commissioner District 4					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 ☒ ☐ Democratic Party candidate.												
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer James C. Steele												
11. Mailing Address 12. Telephone												
3887 Round Table Ct. (727) 656-7694										-7694		
13. City Land O Lakes	14. County Pasco		15. Sta	ate	1	3. Zip Code 17. E-mail addre 4638 jsteele1020			s @gmail.com			
18. I have designated the following bank as my												
l —					20. Address 18975 SR 54							
21. City	1. City 22. County			23. State					24. Zip C			
Lutz	_utz Pasco				<u> </u> FL				33558	}		
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.												
						26. Signature of Candidate						
June 13, 2022 X												
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I,, do hereby accept the appointment												
(Please Print or Type Name)												
designated above as:	\times	Campaign Trea	asurer.			Deputy Tre	easurer.					
June 13, 2022 X												
Date		Signature of Campaign Treasurer or Deputy Treasurer										

Rule 1S-2.0001, F.A.C. DS-DE 9 (Rev. 10/10)