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

23 FEB -6 AM 9: 26

BRILLIA E CORLEY
SUPERVISOR OF ELECTIONS
NEW PORT SIGNEY FLORIDA

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): |X| Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository ☐ Office Partv 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 10410 Mursha Dr 4. Telephone Trinity, FL 34655 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: superintendent of Bulbouls 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 Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer (hh 11. Mailing Address 12. Telephone (727) 505-5288 Marsha Nr 16. Zip Code 17. E-mail address 13. City 15. State imounning 330 amai 2510 Secondary Depository Primary Depository 18. I have designated the following bank as my 19. Name of Bank 20. Address 21. City 23. State 24. Zip Code County MIO 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) (Please Print or Type Name) , do hereby accept the appointment

Deputy Treasurer.

Signature of Campaigh Treasurer or Deputy Treasurer

Campaign Treasurer.

designated above as: