

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

FEB 05 2024 358

NOTE: This form must be on file with the filing officer before opening the campaign account.

BY: *[Signature]*

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)

Kristin Hintz Church

3. Address (include PO Box or Street, City, State, Zip Code):

4. Telephone:

5. Candidate's Voter Registration #:

6. Email Address:

121980971

(not required for qualifying purposes)

kristkaden@gmail.com

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

City Commission Group 4

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. _____ Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

12. Telephone:

13. Email Address:

IDA E. HINTZ

eulalie2017@outlook.com

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

13234 Palmyra Circle

Dade City

FL

33525

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

19. Name of Bank:

20. Address:

Centennial Bank

14033 8th Street

21. City:

22. County:

23. State:

24. Zip Code:

Dade City

Pasco

FL

33525

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: 2/5/24

26. Signature of Candidate:

X *[Signature]*

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

I, Ida E Hintz do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer

Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X *[Signature]*