

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

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

(PLEASE PRINT OR TYPE)



*[Handwritten signature]*

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

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)

Lewis Curtwright

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

6014 Florida Ave  
New Port Richey, FL 34653

**4. Telephone:**

~~727~~, 808 0362

**5. Candidate's Voter Registration #:**

131528431  
(not required for qualifying purposes)

**6. Email Address:**

lewiscurtwright@gmail.com

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

City Council NPA

**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:**

Lewis Curtwright

**12. Telephone:**

(727) 8080362

**13. Email Address:**

lewiscurtwright@gmail.com

**14. Mailing Address:**

6014 Florida Ave

**15. City:**

New Port Richey

**16. State:**

FL

**17. Zip Code:**

34653

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

**19. Name of Bank:**

TRUST bank

**20. Address:**

6128 US Hwy 19

**21. City:**

New Port Richey

**22. County:**

PASCO

**23. State:**

FL

**24. Zip Code:**

34652

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:**

2/13/24

**26. Signature of Candidate:**

X *[Handwritten signature]*

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

I, *[Handwritten signature]*  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.    Deputy Treasurer.

**28. Date:**

2/13/24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X *[Handwritten signature]*