

**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.

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BRIAN E. CORLEY  
SUPERVISOR OF ELECTIONS  
LAND O'LAKE, 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)

Joel Robert Watkins

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

7849 Genoa Lane  
LAND O'LAKE, FL 34637

**4. Telephone:**

(734) 635 6929

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

124000342

(not required for qualifying purposes)

**6. Email Address:**

jrw1494@sbcglobal.net

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

The Groves Golf & Country Club Seat #5  
CDD

**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:**

Joel Robert Watkins

**12. Telephone:**

(734) 635 6929

**13. Email Address:**

jrw1494@sbcglobal.net

**14. Mailing Address:**

7849 Genoa Lane

**15. City:**

LAND O'LAKE

**16. State:**

FL

**17. Zip Code:**

34637

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

**19. Name of Bank:**

TRUIST

**20. Address:**

7914 LAND O'LAKE BLVD

**21. City:**

LAND O'LAKE

**22. County:**

PASCO

**23. State:**

FL

**24. Zip Code:**

34638

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:**

August 13, 2024

**26. Signature of Candidate:**

X Joel Watkins

**27.**

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

I, \_\_\_\_\_

Joel Watkins

do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

August 13, 2024

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

X Joel Watkins