

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

RECEIVED OFFICE USE ONLY

2006 MAY 15 AM 11:57

KURT S. BROWNING
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate Marcus Willis	1. Address (include post office box or street, city, state, zip code) 3104 Dole St. Holiday, FL 34691
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Telephone (optional) (727) 9926689	2. Party (Partisan candidates only) Non Partisan	3. Office (add district, circuit, group number) Mosquito Control Seat 2
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Marcus Willis

5. Mailing Address (If post office box or drawer add street address) 3104 Dole St.	6. Telephone 727-992-6689
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7. City Holiday	8. County Pasco	9. State FL	10. Zip Code 34691
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Wachovia	12. Street Address 6604 Massachusetts Ave
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13. City New Port Richey	14. County Pasco	15. State FL	16. Zip Code 34653
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17. Signature of Candidate X 	Date 5/15/06
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Campaign Treasurer's Acceptance of Appointment

I, **Marcus Willis**, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **Marcus Willis**

who is seeking nomination or election as a **Non Partisan** candidate to the office of
(Party)

Mosquito Control Seat 2 . As a duly registered voter in **Pasco**

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

5/15/06

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer