

**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 officer before opening the campaign account.

RECEIVED

2020 MAY 12 PM 3:54

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

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)**

Michael Joseph McGraw

**3. Address (include post office box or street, city, state, zip code)**

PO BOX 35537, St. Petersburg, FL 33705

**4. Telephone**

(727 ) 217-5108

**5. E-mail address**

mike@mikeforpinellas.com

**6. Office sought (include district, circuit, group number)**

Supervisor of Elections, Pinellas County

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ 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    ☒ Democratic    Party candidate.

**9. I have appointed the following person to act as my** ☐ Campaign Treasurer ☒ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Michael Joseph McGraw

**11. Mailing Address**

PO BOX 35537

**12. Telephone**

( 727 ) 217-5108

**13. City**

St. Petersburg

**14. County**

Pinellas

**15. State**

FL

**16. Zip Code**

33705

**17. E-mail address**

mike@mikeforpinellas.com

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

BB&T

**20. Address**

3400 54th Ave S

**21. City**

St. Petersburg

**22. County**

Pinellas

**23. State**

FL

**24. Zip Code**

33712

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**

May 12, 2020

**26. Signature of Candidate**

X 

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

I, Michael Joseph McGraw, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer    ☒ Deputy Treasurer.

May 12, 2020

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer