

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

Emmett  
5/20/20

MAY 20 PM 1:27

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

NOTE: This form must be on file with the qualifying 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)  
Karl J. Nurse

3. Address (include post office box or street, city, state, zip code)  
176 21st Ave S.E.,  
St. Petersburg, Fl. 33705

4. Telephone  
(727 ) 422-3297

5. E-mail address  
karlnurse2@icloud.com

6. Office sought (include district, circuit, group number)  
Pinellas County School Board, District 7

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    ☐ \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer  
Karl Nurse

11. Mailing Address  
176 21st Ave S.E.

12. Telephone  
( 727 ) 422-3297

13. City  
St. Petersburg

14. County  
Pinellas

15. State  
FL

16. Zip Code  
33705

17. E-mail address  
karlnurse2@icloud.com

18. I have designated the following bank as my

☒ Primary Depository    ☐ Secondary Depository

19. Name of Bank  
Bank of America

20. Address  
220 3rd St. S.

21. City  
St. Petersburg

22. County  
Pinellas

23. State  
Fl.

24. Zip Code  
33701

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 20, 2020

26. Signature of Candidate

X

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, Karl Nurse, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

May 20, 2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer