## 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

RECEIVED

2020 JUN 11 AN 112 16

SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

Officer before opening the	3 camp	aign account.							OFF	FICE USE	ONLY		
1. CHECK APPROPRIATE  Initial Filing of Form		E <b>S):</b> e-filing to Change	e: 🔲 .	Treas	surer/	Deputy	Deposito	ory [	] Offic	 ре []	Party		
2. Name of Candidate (in	$\top$	3. Address (include post office box or street, city, state, zip											
Corey GiveN's Jr.						code) PO Box 531683 St. Petersburg, FL 33747							
4. Telephone	5. E-mail address												
		@coreygivens.						_					
6. Office sought (include district, circuit, group number) Pinellas School Board, District 7					7. If a candidate for a <u>nonpartisan</u> 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 AffiliationParty candidate.													
9. I have appointed the following person to act as my													
10. Name of Treasurer or Deputy Treasurer Clayton Valentine													
11. Mailing Address	12. Telephone												
311 E Vina Del Mar Blv	d							( 727	) 239-2	2069			
13. City	14. 0	14. County 15. St			T16.	. Zip Code	17. E-mai						
St Pete Beach	St Pete Beach Pinellas FL					705	clayton.v	/alentine	@gma	il.com			
18. I have designated the	Prima	ary Depositor	ry 🔲	Seconda	ary Depo	sitory							
19. Name of Bank				1	Addre				_				
Wells Fargo Bank, NA	125	5th											
21. City						23. State			24. Zip				
Saint Petersburg		Pinellas			FL				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 26						6. Signature of Candidate							
6-10-	20			X	2		-//	1					
27. Treasure	r's Accr	eptance of Appo	intmen	t (fill i	in the	blanks and	check the a	appropriat	e block)				
I do hereby accept the appointment													
(Please Print or Type Name)													
designated above as: Campaign Treasurer Deputy Treasurer.													
6-10-2	<u>?</u> 0		X (		1	0///	/-						
Date				Sign	aftire	of Campaic	n Treasure	r or Denu	ty Trose	lirer			