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

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SUPERVISOR OF ELECTIONS ELECTIONS SERVICE CENTER

officer before opening the					OFFICE	<u>= 08E</u>	UNLY			
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party										Party
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip					
Chackras Smith					code) P.O. Box 735					
4. Telephone	one 5. E-mail address				Dunedin, FL					
(727) 314-5325	chackras@aol.com				34697					
Office sought (include district, circuit, group number) School Board District 2 At Large					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										
10. Name of Treasurer or Deputy Treasurer										
Chackras Smith										
11. Mailing Address		12. Telephone								
P.O. Box 735 (727) 314-5325										
13. City	14. County		1 1		16. Zip Code					
Dunedin	Pinellas F			a	34697	chackras@aol.com				
18. I have designated the	Primary Depository Secondary Depository									
10. Hamo of Barik					20. Address					
mar joiled order sind					9383 US Hwy 19 N, Clearwater					
21. City		22. County			23. State			24. Zip C	ode	
Clearwater Pinellas					Florida 33761					
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					
12-21-21	X	Kopu C								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I, Chackras Smith					, do hereby accept the appointment					
(Please Print or Type Name)										
designated above as: Campaign Treasurer Deputy Treasurer.										
12-21-	21		X		Kad		3			
					Signature of Campaign Treasurer or Deputy Treasurer					