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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2020 JAN -2 PM 12: 09

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

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1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party													
Name of Candidate (in this order: First, Middle, Last)     3. Address (include post office box or street, city, state, zip)											zip		
Ken Burke						code) PO Box 3392							
4. Telephone	. Telephone 5. E-mail address						Seminole, FL 33775						
(727 ) 415-2618	7 ) 415-2618 kburke12@tampabay.rr.com												
Office sought (include district, circuit, group number)     Pinellas Clerk of the Circuit Court & Comptroller						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 ☒ Republican Party candidate										idate.			
9. I have appointed the following person to act as my													
10. Name of Treasurer or Deputy Treasurer													
Cheyrl Bowman													
11. Mailing Address 12. Telep									phone				
12990 Sophia Circle ( 727 ) 580-1172													
13. City 14. County 15. S			15. St										
Largo Pinellas FL					33774 cheyrl55@gmail.com								
18. I have designated the following bank as my  Primary Depository  Secondary Depository													
19. Name of Bank					20. Address								
First Home Bank 9					9190 Seminole Blvd								
21. City		22. County		23. State					24. Zip Code				
Seminole		Pinellas				Florida			33772				
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					26. Signature of Candidate								
January 2, 2020					X COL								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
ı, Cheyrl Bowman						, do hereby accept the appointment							
(Please Print or Type Name)													
designated above as:	X	Campaign T	reasure	r		Deputy Tre	asurer.						
January 2, 2020 X						(1h) Doman							
Date Signature of Campaign Treasurer or Deputy Treasurer													