## **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

20 JAN 10 PM 4: 32

| officer before opening the campaign account.   | OFFICE USE ONLY   |
|--|---|
| 1. CHECK APPROPRIATE BOX(ES):  |   |
|  | Treasurer/Deputy Depository Office Party                        |
| 2. Name of Candidate (in this order: First, Middle, Last)  | 3. Address (include post office box or street, city, state, zip |
| Wengay M. Newton SR  | code) Postalfree Box 33733                                      |
| 4. Telephone 5. E-mail address   | NEW OLDER   |
| 11.00.011.00   | om 11551 Stifetersburg, FL 3300                                 |
| 6. Office sought (include district, circuit, group number)   | 7. If a candidate for a <u>nonpartisan</u> office, check if     |
| 011010   | applicable:   |
| Linelles County Commission District  |   |
| 8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> 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  Wayaa/ M. Newton SR   |   |
| 11. Mailing Address  | 12. Telephone   |
| P.O. Box 1551 Stretas burg   | FL (727) 480-2203   |
| Stretoslang Phollas F  | ate 16. Zip Code 17. E-mail address  2 33233 NWE Newt? Com      |
| 18. I have designated the following bank as my Primary Depository Secondary Depository   |   |
| 19. Name of Bank   | 20. Address   |
| GTE Fariment   | 2190 18th AUSTUR Buth   |
| 21. City 22. County Phollas  | 23. State 24. Zip Code 380 (2)                                  |
| G. V. Borig   Hollar   | 33112   |
| 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 / 1   | 26. Signature of Candidate                                      |
| 1/10/2020  | X /M/M/M/TOTO   |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)   |   |
| , do hereby accept the appointment (Please Print or Type Name)   |   |
|  |   |
| designated above as:  Campaign Treasurer  Deputy Treasurer.  |   |
| 1/10/2020 X / M/M/WZ   |   |
| / Date   | Signature of Campaign Treasurer or Deputy Treasurer             |