APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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2020 JAN 16 PM 1: 40

SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

NOTE: This form must be on file with the qualifying officer before opening the campaign account.								OFFICE	E USE	ONLY	
1. CHECK APPROPRIATE Initial Filing of Form		i): filing to Change	: 🔲 Т	reasure	er/Deputy [Deposito	ory 🔲	Office		Party	
Name of Candidate (in this order: First, Middle, Last) Steven Mitchell Homol					3. Address (include post office box or street, city, state, zip code)						
4. Telephone 5. E-mail address					6437 30th Way N Saint Petersburg, FL 33702						
		nomol86@gm	nail.com		110101010	9, . = 55	. •-				
6. Office sought (include district, circuit, group number) District 3, At Large Board of (vanty Commissioner)					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 part			k and fill	in nan	ne of party as	applicable	: My inte	ent is to rui	n as a		
Write-In No Party Affiliation Republican Party candidate.											
9. I have appointed the fo	llowing p	person to act a	s my	X	ampaign Tre	asurer	Deput	ty Treasure)r		
10. Name of Treasurer or D Steven Mitchell Homol	eputy Tn	easurer									
11. Mailing Address							12. Tele	phone		-	
6437 30th Way N							(727	656-22	79		
13. City	14. County 1			ate	te 16. Zip Code 17. E-mail address						
Saint Petersburg Pinellas FL				33702 stevenhomol86@gmail.com							
18. I have designated the	followin	g bank as my	Σ		mary Deposito	ory 🔲	Seconda	ary Deposit	ory		
19. Name of Bank Republic Bank					20. Address 6300 4th St. N						
21. City		22. County			23. State)		24. Zip C	ode		
Saint Petersburg		Pinellas			FL			33702			
UNDER PENALTIES OF PERJUI	RY, I DECL	ARE THAT I HAVE OF CAMPAIGN DE	READ TH	E FORE	GOING FORM FORM FORM	OR APPOINTS	MENT OF CA	MPAIGN TRI	EASURE	ER AND	
25. Date				26. Si	gnature of Ca	ndidate					
01/15/2020				X	K	MM	lan		'		
27. Treasure	r's Acce	ptance of App	ointmen	t (fill in	the blanks an	d check the	appropriat	e block)			
t.	Steve	en Mitchell H	omol			, do hei	reby accep	ot the appoi	intmen	it	
	(Pleas	e Print or Type	Name)								
designated above as:	X	Campaign 1	Treasure	r [Deputy Ti	easurer.					
01/15/2020 X					Du	1as	2				
Date	<u> </u>		-	Signat	ure of Campa	ign Treasur	er or Depu	ity Treasur	er		