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 officer before opening the campaign account.

RECEIVED

2020 JAN 23 AM 10: 28

SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

OFFICE USE ONLY

officer policie opening th	o oumpu	ign doodant.							01110	LOUL			
1. CHECK APPROPRIATE Initial Filing of Form	•	S): -filing to Change:	MISS T	Freası	urer/[Deputy [] Deposi	itory] Office		Party		
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip								
Maria L. Scruggs					code) 980-Melrose Avenue South								
I. Telephone 5. E-mail address					St. Petersburg FL 33705								
(727) 798-5361	MariaL	ScruggsDistric	meet	niellom									
6. Office sought (include district, circuit, group number)					7. If a candidate for a nonpartisan office, check if								
Pinellas County Commissioner District No. 7					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 I	Party Affi	liation			<u> </u>	I/A		Pa	arty can	didate.			
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer													
10. Name of Treasurer or Deputy Treasurer Maria L. Scruggs													
11. Mailing Address						12. Telephone							
980-Melrose Avenue S	(727) 798-5361												
13. City 14. County 15. S				ate	ate 16. Zip Code 17. E-mail address								
St. Petersburg Pinellas FI					33705 MariaLScruggsDistrict7@gmail.com								
18. I have designated the following bank as my					Primary Depository Secondary Depository								
19. Name of Bank					20. Address								
Regions Bank					510 Central Avenue								
21. City		22. County				23. State			24. Zip C	ode			
St. Petersburg Pinellas				FI					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. Signature of Candidate								
1/22/2020				X	W	Inis	<u> </u>	1cm	45	<u>ک</u>			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
ı, Maria L. Scruggs					, do hereby accept the appointment								
(Please Print or Type Name)													
designated above as:		Campaign To	reasure	r	\boxtimes	Deputy Tre	asurer.						
1/22/2020 X War L Sexuel													
Date				Signature of Campaign Treasurer or Deputy Treasurer									