

**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.

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2020 JAN 31 PM 1:20

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form      Re-filing to Change: ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate (in this order: First, Middle, Last)**

Christian Kane Lanier

**3. Address (include post office box or street, city, state, zip code)**

500 TRINITY L N  
APT 8304  
ST PETERSBURG, FL 33716  
USA

**4. Telephone**

(910 ) 640.7940

**5. E-mail address**

KANE@KANE4PINELLAS.COM

**6. Office sought (include district, circuit, group number)**

Board of County Commissioners  
District #3 — 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    ☒ Democrat    \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Zane Troyer

**11. Mailing Address**

3151 3RD AVE N, UNIT 3412

**12. Telephone**

( 865 ) 223.0003

**13. City**

ST PETERSBURG

**14. County**

PINELLAS

**15. State**

FL

**16. Zip Code**

33713

**17. E-mail address**

TREASURER@KANE4PINELLAS.COM

**18. I have designated the following bank as my** ☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Bank OZK

**20. Address**

6100 4TH ST N

**21. City**

ST PETERSBURG

**22. County**

PINELLAS

**23. State**

FL

**24. Zip Code**

33703

**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**

01/26/2020

**26. Signature of Candidate**

X *C. Kane Lanier*

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, ZANE TROYER, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

01/26/2020

Date

X

*Zane Troyer*

Signature of Campaign Treasurer or Deputy Treasurer