

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 JUN -2 PM 4:10

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 LN 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)

Pinellas County Tax Collector

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

Christian Kane Lanier

11. Mailing Address

500 TRINITY LN N APT 8304

12. Telephone

( 910 ) 640.7940

13. City

ST PETERSBURG

14. County

PINELLAS

15. State

FL

16. Zip Code

33716

17. E-mail address

Kane@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

06-02-20

26. Signature of Candidate

X C. Kane Lanier

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

I, Christian Kane Lanier, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

06-02-20

Date

X

C. Kane Lanier  
Signature of Campaign Treasurer or Deputy Treasurer