## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

## RECEIVED

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SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

NOTE: This form must be on file with the qualifying officer before opening the campaign account. **OFFICE USE ONLY** 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy ☐ Depository 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 6149 33rd Ave N Audra Lynn Bonneau
4. Telephone 5. E-mail address St. Petersburg Fr 33710 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: 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 My intent is to run as a Write-In candidate. 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 Hudra lunn 11. Mailing Address 12. Telephone 7727 )420-66¢ 13. City 15. State 17. E-mail address 16. Zip Code abonneau (60) 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 23. State 22. County 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 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. tra LBonnew , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. designated above as: Campaign Treasurer X Date Signature of Campaign Treasurer or Deputy Treasurer