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

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

(PLEASE PRINT OR TYPE)

RECEIVED OCT 0 7 2019 GERTRUDE WALKER SUPERVISOR OF ELECTIONS, ST LUCIE CO.

NOTE: This form must be on file with the qualifying officer before opening the campaign account.								OFFICE	USE	ONLY	
1. CHECK APPROPRIATE Initial Filing of Form		: (<i>)[</i> ling to Change	N TO	easure	r/Deputy	Deposito	ry 🗆	Office		Party	
2. Name of Candidate (in t	nis order:	First, Middle, La	ast)	3. A	ddress (includ	e post offic	e box or s	treet, city,	state, :	zip	
Christopher Paul Dzadovsky					code)						
. Telephone 5. E-mail address				1002 Jamaica Ave Fort Pierce, Florida 34982							
(772) 834-8539	72) 834-8539 cdzadovsky@bellsouth.net										
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
St. Lucie County Commission District 1					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 Democratic Party candidate.											
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer William Donovan											
11. Mailing Address		12. Telephone									
P.O. Box 12532					(772) 343-8224						
13. City	14. Co	ounty	15. Sta	Control of the Contro	16. Zip Code		il address				
Fort Pierce	St. Lu	cie	FL	3	4979	bill@ma	rihuffcpa	.com			
18. I have designated the following bank as my Primary Depository Secondary Depository											
19. Name of Bank					20. Address						
Oculina IBM Southeast				610 Delaware Ave 23. State 24. Zip Code							
21. City Fort Pierce		22. County St. Lucie			23. State)		34950	,oue		
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. Si	gnature of Ca	ndidate /	//	/			
10-07-2019				X	Chaff	18/1	dans	es	-		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, William Donovan , do hereby accept the appointment											
(Please Print or Type Name)											
designated above as:	\times	Campaign	Treasure	er [Deputy T	reasurer.	0				
10-07-2	111	Allen	m I	X/m	wa	γ					
10-07-2019 X					Signature of Campaign Treasurer or Deputy Treasurer						