APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

(FLEASE FRINT OR TIPE)	
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: ☐ T	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code) 1885 - ALVIELLA LANE
4. Telephone 5. E-mail address	PORTSTLUCE, FL 34953
(772)607-3701 Chauncelsed not mul con	
Office sought (include district, circuit, group number),	7. If a candidate for a nonpartisan office, check if
Rd Chy Courcil Destrict #2	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	Party candidate.
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer	
10 Name of Treasurer or Deputy Treasurer (VIALINCELED K. HOLCELL	
11. Mailing Address \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12. Telephone (772)607-370)
13. City 14. County 15. Sta	
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	120. Address Nelso SIN, FILICIE W. BLVD
21. City 22. County There I Like	23. State 24. Zip Code 34953
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 MARCH 23, 2020	26. Signature-of Candidate X hauncelt History
Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) , do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasurer	Deputy Treasurer.
Date	Signature of Campaign Treasurer or Deputy Treasurer