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. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) Anthony Louis Bonna
Telephone 5. E-mail address 844 SW TUILD Blud Port St Luck, FL 34953 (772) 237-0984 Anthony Banna cor 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if Port St Lucie City Council District 3 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 candidate. Party 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer Anthony 11. Mailing Address 12. Telephone (772) 237-0984 17. E-mail address 15. State 16. Zip Code Anthony @ Anthony Bonn 34953 St Lucle 18. I have designated the following bank as my **Primary Depository** 19. Name of Bank 20, Address 21. City 22. County 24. Zip Code St well Port St 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 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and theck the appropriate block) 27. (Please Print or Type Name) , do hereby accept the appointment designated above as: Campaign Treasurer Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer