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.



officer before opening the						OFFICI	E USE	ONLY					
1. CHECK APPROPRIATE BOX(ES):													
Initial Filing of Form	Re	e-filing to Change:	T 🔲	reasu	rer/Deputy		Deposito	ry 🗌	Office		Party		
2. Name of Candidate (in t		3. Address (include post office box or street, city, state, zip											
Christopher Lee Craft					code) 1812 Hazelwood Dr								
4. Telephone	. Telephone 5. E-mail address					Ft Plerce, Fl 34982							
(772) 979-1225	ccraft08@yahoo.com												
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if								
Tax Collector		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													
10. Name of Treasurer or Deputy Treasurer													
Kristen Guettler													
11. Mailing Address		12. Telephone											
911 Emerald Ave						940961							
13. City	14. County 15. S St Lucie St Lu												
Ft Pierce		34945 Kristen. Guettles 96											
To Thave designated the following bank as my													
The second secon					20. Address								
					1901 South US1								
21. City					23. Sta			24. Zip C	ode				
Ft Pierce	erce St Lucie				FI 34950								
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 2					26. Signature of Candidate								
12-13-22					X/1/CH								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
I,, do hereby accept the appointment													
(Please Print or Type Name)													
designated above as:													
12-13	12-17-22 XXCtt												
Date Signature of GampaigmiTreasurer or Deputy Treasurer													