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

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officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	reasurer/Deputy
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
Dennis W. Hollingsworth	
4. Telephone 5. E-mail address	
denniswh2500@gmail.com	
Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
St.Johns County 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 ☒ Repub	1icanParty candidate.
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
Dennis W. Hollingsworth	
11. Mailing Address	12. Telephone
13. City 14. County 15. Sta	16. Zip Code 17. E-mail address
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address
Center State Bank	1975 A1A South
21. City 22. County	23. State 24. Zip Code
St. Augustine St. Johns	Florida 32080
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
fon 10, 2020	X Venis W. Hollingsvoil
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Pointis W. Hollingswort (Please Print of Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer.	
10, 2020 X	Signature of Campaign Treasurer or Deputy Treasurer