APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

OF ELECTIONS

2024 JUL 11 PM 3: 36

NOTE: This form must be on file with the filing officer before opening the campaign account.		ST J	YTAUOD SKED	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES):					
☐ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy				pository	ice 🗌 Party
2. Name of Candidate (in this order: First, Middle, Last):			3. Address (include	PO Box or Street,	City, State, Zip Code):
(Please Print or Type Name)					
ED SLA					
. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:					
(904) 377-4998 108020061 EASLAUNC aclicon					
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:					
ANASTASIA MOSQVITO CONTROL DIST if applicable:					
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a					
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐Party candidate.					Party candidate.
10. I have appointed the following person to act as my:					
11. Name of Treasurer or Deputy Treasurer:			12. Telephone:	13. Emai	l Address:
ED SLAVN		(904) 377-	4998 EASL	AVIN Castina	
				. (0	
14. Mailing Address:		15. City	/ :	16. State:	
14. Mailing Address:		15. City	/ :	· •	
14. Mailing Address: 18. I have designated the fol				16. State:	17. Zip Code:
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