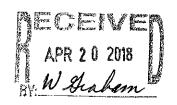
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(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.			<u> </u>					OFFICE	USE	ONLY	
1. CHECK APPROPRIATE BOX(ES):											
Initial Filing of Form	Re-filing to Change:	П	reasure	r/Deputy [Depos	itory		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)				Address (include post office box or street, city, state, zip							
BRET GEORGE Doub			code) 46 MADERA ROAD								
4. Telephone 5. E-mail address				an DEBANG PL 32713							
(386) 500 8217 DONGUSBRET 9 @ GMAR "COM											
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if							
STATTALE			applicable: My intent is to run as a Write-In candidate.								
000 0 000 000							<u></u>				
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											
10. Name of Treasurer or Deputy Treasurer ปี อาสาร์ อาสาร์											
11. Mailing Address 12. Telephone (3%) 500 8217											
						00 8 21	1				
13. City DEBARY	14. County VOLUSIA	15. Sta		6. Zip Code 32713	17. E-mail address Dorchs But (At GM & cm						
18. I have designated the following bank as my Primary Depository Secondary Depository											
19. Name of Bank SUNTAUST				20. Address ENTERPINE ROAD ONANGE CITY, FL							
21. City	22. County			23. State					24. Zip Code		
Orange dry Volusia			<u>.</u> .	12	{			3271	3		
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											
4-20-2018 X Soul gal-											
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, Change Could , do hereby accept the appointment (Please Print or Type Name)											
designated above as: X Campaign Treasurer Deputy Treasurer.											
4-20-2018 X											
Date	Signatu	ignature of Campaign Treasurer or Deputy Treasurer									