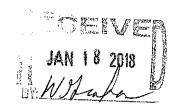
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(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 Office Party										
2. Name of Candidate (in this order: First, Middle, Last)				3. Address (include post office box or street, city, state, zip code)						
WILLIAM HOWARD GATES			34 SUNSET DR							
4. Telephone 5. E-mail address			DeBAZY FL 32713							
(407)402-5450 DONTEVENEATT. HET				ed me 7	,- 0	J = 712	•			
Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if applicable:						
DEBARY CITY COUNCIL SEAT H 3				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 Affiliat		Party candidate.								
9. I have appointed the following person to act as my 📈 Campaign Treasurer 🔲 Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer										
ERIN GATES										
11. Mailing Address				12. Telephone						
34 SUNSET DR DEBLAY.				<u>(486) 748 - 3777</u>						
13. City 14. County		15. State	16. Zip Code 17. E-mail address							
DEBARY VOLUSIA F			32713 EFLOWERS 1966 PO GMAKLE							
18. I have designated the following bank as my Primary Depository Secondary Depository										
			20. Address							
WELLS FARGO			2502 FN TEMPUSE (2-10) 23. State 24. Zip Code							
21. City 22	2. County	·		23. State			24. Zip Co	de		
ORANCE CITY VOLUSIA				RLO	MAA		3276.	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							
1-16-18			X Milato							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I, <u>ERIN M. GATES</u> (Please Print or Type Name)			, do hereby accept the appointment							
designated above as: Campaign Treasurer Deputy Treasurer.										
Date Signature of Campaign Treasurer or Deputy Treasurer										
Date Signature of Campaign Treasurer or Deputy Treasurer							- 1			