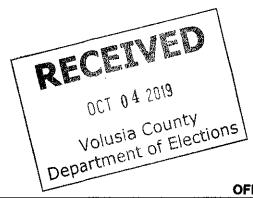
## **APPOINTMENT OF CAMPAIGN TREASURER** AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(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):	
	Treasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	Address (include post office box or street, city, state, zip code)
WILLIAM E. ROBERTS	
4 Telephone 5. E-mail address	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
TAX COLLECTOR	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and f	ill 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	Campaign Treasurer Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address	12. Telephone
1 <u>3. City</u> 14. County 15. S	tate 16. Zip Code 17. E-mail address  Vote 4 will roberts a gmail, com
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank	20. Address
MAINSTREET COMMUNITY BANK	A control of the cont
21. City 22. County  DELAND NOWSIA	23. State 24. Zip Code
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
10/04/2019	X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1. WILLIAM ROSE.	75 , do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasur	er Deputy Treasurer.
10/04/2019 X	
Date	Signature of Campaign Treasurer or Deputy Treasurer