APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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Rule 1S-2.001, F.A.C.

NOTE: This form must be on file with the filing officer before OFFICE USE ONLY opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Office ☐ Partv ☐ Depository ☐ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy 3. Address (include PO Box or Street, City, State, Zip Code): 2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name) MoRRIS "GUNNY" FROSCHER

4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address: (386) 451-3446 108562377 (not required for qualifying purposes) FROMOGOL OM 8. If a candidate for a nonpartisan office, check the box 7. Office Sought (include district, circuit, group, or seat #): if applicable: DISTRICT I intend to run as a Write-In Candidate. 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 Party candidate. Write-In Candidate. No Party Affiliation Candidate. Campaign Treasurer Deputy Treasurer 10. I have appointed the following person to act as my: 12. Telephone: 13. Email Address: 11. Name of Treasurer or Deputy Treasurer: "GUNNY" FROSCHERZ 1886, 451-3440 FROMOGZEAOLEOM 17. Zip Code: 14. Mailing Address: PEDERAL ORDIT UMON PO 20. Address:
22. County: 19. Name of Bank: BOK 24. Zip Code: 23. State: UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate: 25. Date: Treasurer's Acceptance of Appointment (fill in the blanks and check the ap 27. do hereby accept the appointment designated above as: Campaign Treasurer. Deputy Treasurer. 29. Signature of Campaign Treasurer of Deputy Treasurer 28. Date: