## OFFICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES** (Section 106.021(1), F.S.) (PLEASE TYPE) **CHECK APPROPRIATE BOX:** Reappointment of Treasurer Secondary Depository Deputy Treasurer Original Appointment 1. Address (include post office box or street, city, state, zip code) Name of Candidate 3. Office (add district, circuit, group number) 2. Party (Partisan candidates only) Telephone (optional) Commission District -319-4036 |X| Campaign Treasurer I have appointed the following person to act as my **Deputy Treasurer** 4. Name of Treasurer or Deputy Treasurer 5. Mailing Address (If post office box or drawer add street address) 6. Telephone 850-319-4036 10. Zip Code 9. State anoma Secondary Depository I have designated the following named bank as my **Primary Depository** 12. Street Address 11. Name of Bank 2606 13. City 14. County Florida Campaign Treasurer's Acceptance of Appointment do hereby accept the appointment as (Please Print or Type) Deputy Treasurer for the campaign of Campaign Treasurer candidate to the office of who is seeking nomination or election as a As a duly registered voter in County, Florida, I am qualified to accept this appointment. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE. Signature of Campaign Treasurer or Deputy Preasurer