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.					OFFIC	E USE ONLY	
1. CHECK APPROPRIATE BOX(ES):							
Initial Filing of Form	Re-filing to Change: T	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				
4. Telephone 5. E-mail address code) 136/1 Circa Cros.						rossing	
	4. Telephone 5. E-mail address						
(8/3) 453-7885 1	n						
6. Office sought (include distr	ict, circuit, group number)		7. If a candidate for a <u>nonpartisan</u> office, check if				
School Board - District 7			applicable: My intent is to run as a Write-In candidate.				
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable : My intent is to run as a							
☐ Write-In ☐ No Party	ty Affiliation				_Party ca	andidate.	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer							
10. Name of Treasurer or Deputy Treasurer Thomas Gray							
11. Mailing Address				1	12. Telephone		
	J Closz Blud			(,)		
	14. County 15. St		6. Zip Code	17. E-mail addı		1	
Valido	Hillsborush FI		33596	to a shine and a	Dmail.ust.	colu	
18. I have designated the foll	lowing bank as my		ary Depository	y 🗆 S	Secondary Dep	ository	
19. Name of Bank SUNCOGST Credit Union 3234 S. Miller Rd. 21. City 22. County 23. State 24. Zip Code 33596							
21. City	22. County		23. State	7	24. Zip C		
Valrico	14115b.		<i>F</i>		335	596	
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 < 2			26. Signature of Candidate				
6/23/23			X /S/				
27. Treasurer's	Acceptance of Appointmen	at (fill in th	e blanks and	check the appro	opriate block)		
I,, do hereby accept the appointment						ointment	
	(Please Print or Type Name)				1999F	78.30.2.2.	
designated above as:	Campaign Treasurer.	. [Deputy Tr	easurer.			
06/23/13	X		R	1			
Date		Signatur	Signature of Campaign Treasurer or Deputy Treasurer				