

**STATE OF FLORIDA
 APPOINTMENT OF CAMPAIGN TREASURER
 AND DESIGNATION OF CAMPAIGN
 DEPOSITORY FOR CANDIDATES**
 (Section 106.021(1), F.S.)

 (PLEASE PRINT OR TYPE)

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: 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)	
4. Telephone (optional) ()	5. E-mail address (optional)		

6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.
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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 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 (If post office box or drawer, also include street address)		12. Telephone ()	
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13. City	14. County	15. State	16. Zip Code	17. E-mail address (optional)
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18. **I have designated the following bank as my** Primary Depository Secondary Depository

19. Name of Bank	20. Street Address
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21. City	22. County	23. State	24. Zip Code
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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 X
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27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, _____, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

X

_____	_____
Date	Signature of Campaign Treasurer or Deputy Treasurer