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.						REC: MAY BY:	EIVE 2 6 202 5	2			
1. CHECK APPROPRIATE BOX(ES):											
Initial Filing of Form	Re	e-filing to Change		I reasurer/	Deputy L	Deposito	ory	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last) Christopher Patrick Williams					3. Address (include post office box or street, city, state, zip code) PO Box 11864						
4. Telephone (⁹⁵⁴) 830-2242		ail address omesincoralridge	e.com	Fort	Fort Lauderdale, FL 33339						
6. Office sought (include district, circuit, group number) Fort Lauderdale City Commission District 1					 7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate. 						
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 X Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer Christopher Patrick Williams											
11. Mailing Address PO Box 11864					12. Telephone (954)830-2242						
13. City Fort Lauderdale	14. 0 Brow	County ard	15. St FL		te 16. Zip Code 17. E-mail address 33339 chris@homesincoralridge.com						
18. I have designated the following bank as my											
19. Name of Bank Truist				and the second sec	20. Address 3860 N. Federal Highway						
21. City 22. County Fort Lauderdale Broward				•	23. State FL			24. Zip Code 33308			
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 5-24-2022				26. Sign	26. Signature of Candidate						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
l,	6		, do her	eby accep	ot the appoi	ntment	(
(Please Print or Type Name)											
designated above as: Campaign Treasurer Deputy Treasurer.											
5 - 24 - 2022 Date			Λ	Signature	Signature of Campaign Treasurer or Deputy Treasurer						

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