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.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Tr	easurer/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
Donna Gudhare	code) 4015W31HAR
4. Telephone 5. E-mail address	For Land SL 33312
1954593.3771 LugardamsN. win	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
	applicable:
Cely Commission District 3	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 Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
Denne Godhan	
11. Mailing Address	12. Telephone
401 SW 31st Ru	954 1593 3777
13. City 14. County 15. State	
fort LAND Brown LL	33312 Lugardomsw.ww
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank	20. Address
New York as mount Amtrust	8211 W Browno Blud
21. City 22. County	23. State 24. Zip Code
Plantatue Biowmid	46 33324
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
2	X Degl
27. Treasurer's Acceptance of Appointment	(fill in the blanks and check the appropriate block)
(Please Print or Type Name)	, do hereby accept the appointment
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designated above as: Deputy Treasurer Deputy Treasurer.	
7.14.2022 X	
Date	Signature of Campaign Treasurer or Deputy Treasurer