APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED MAY 2 8 2029

CITY OF MARCO ISLAND

NOTE: This form must be on file with the qualifying

officer before opening the campaign account.									OFFIC	E USE	ONLY		
1. CHECK APPROPRIATE Initial Filing of Form	Γreasur	rer/Dep	puty] Deposito	ry 🗀	Office		Party					
2. Name of Candidate (in this order: First, Middle, Last)						3. Address (include post office box or street, city, state, zip							
Phares M Heindl						code) 156 Leland Way, Marco Island, Florida, 34145							
4. Telephone	5. E-mail address				100 Loiana Way, Marco Islana, Florida, 34143								
(239) 285-5048	5-5048 heindlforcitycouncil@gmail.cc												
6. Office sought (include district, circuit, group number)						7. If a candidate for a nonpartisan office, check if							
City Council						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 Deputy Treasurer													
10. Name of Treasurer or Deputy Treasurer Phares M. Heindl													
11. Mailing Address						12. Telephone							
156 Leland Way, Marco	(239) 2855048												
13. City	14. County			ate	te 16. Zip Code 17. E-mail address								
18. I have designated the following bank as my Primary Depository Secondary Depository													
					0. Address								
					05 Bald Eagle Drive								
21. City 22. County						23. State			24. Zip Code				
Marco Island Collier						Florida		34145					
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													
May 28, 2020	Man M. Nince												
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
I, Phares M. Heindl , do hereby accept the app									ot the appoi	ntment			
(Please Print or Type Name)													
designated above as: Campaign Treasurer Deputy Treasurer.													
May 28, 2020 X Phan M Went													
Date				Signature of Campaign Treasurer or Deputy Treasurer									