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

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officer before opening the campaign account.			OFFICE USE ONLY					
1. CHECK APPROPRIATE BOX(ES):								
Initial Filing of Form	Re-filing to Change:	: Trea	asurer/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					
Brian Kenneth Spencer			code) 200 E. Government Street					
4. Telephone 5. E-mail address			Suite 240-D					
(850) 712-2612 b	orian@smp-arch.con	n	Pensacola, FL 32502					
6. Office sought (include district, circuit, group number)			7. If a candidate for a nonpartisan office, check if					
Pensacola City Council, District 6			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								
Crystal C. Spencer								
11. Mailing Address			12. Telephone					
200 E. Government St., Strike 24			The state of the s					
13. City Pensacola	14. County ESCampia			16. Zip Code 17. E-mail address CCS OSM Jaw. Com				
18. I have designated the following bank as my Primary Depository Secondary Depository								
19. Name of Bank 20. Address								
Servis 1st Bank			316 S. Baylen Street					
21. City	22. County	1,100	23. State	•	2	4. Zip Co	de	
Pensacola	Escambia		Florida		3:	2502		
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 TARE TRUE.								
25. Date 26. Signature of Candidate								
2/13/14 xmll								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
I. CRYStal C. Spencer, do hereby accept the ap						ne appoin	tment	- 1
(Please Print or Type Name)								
designated above as: Campaign Treasurer Deputy Treasurer								
2/13/14 x Cuph/C. Xh_								
Date Signature of Campaign Treasurer or Deputy Treasurer								