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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2015 JUN 26 P 12: 45

CITY OF OCALA, FLORIDA CITY CLERK

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: Treasurer/Deputy Depository Depository Party	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code) 1954 NW 3RD STREET
4. Telephone 5. E-mail address (850) 7-8-234 Kenashy-Bettish a	o(ALA, FL 34475
6. Office sought (include district, circuit, group number) City Council District #2	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 <u>partisan</u> 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 myCampaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer CARDLINE WILLAMS	
11. Mailing Address 1954 NW 3RD STREET	12. Telephone (850) 778-2346
13. City OCACA 14. County 15. St NARLON FL	
18. I have designated the following bank as my	
19. Name of Bank REGIONS 20. Address 3232 SW COLLEGE ROAD	
21. City 22. County MARION	23. State 24. Zip Code FLORIDA 34474
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
6/24/15 XX	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, CARONNE WILLIAMS , do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Treasurer.	
6/26/15 X	Signature of Campaign/Treasurer or Deputy Treasurer