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

RECEIVED

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CITY OF COALA, FLORIDA CITY CLERK

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	Tana and the same
	reasurer/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 code) 2335 S.E. Sth Street
4. Telephone 5. E-mail address	Ocab, FL 34471
(352)572-03/2 Kent. guinn@icloud.	con
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Mayor of Ocala	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	
11. Mailing Address	12. Telephone
320 N.W. 3rd Ave	(352)572-0312
13. City Ocala, 14. County Marion 15. St	
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank Sun trust	20. Address 203 E. Silver Springs Blvd
21. City 22. County	23. State 24. Zip Code
Ocala, Marion	FL 34470
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 . June 1st 2015	26. Signature of Candidate X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Kent Guinn (Please Print or Type Name)	, do hereby accept the appointment
'esignated above as: Campaign Treasurer Deputy Treasurer.	
6/1/2015 X	tutti.
Date	Signature of Campaign Treasurer or Deputy Treasurer