

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

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

(PLEASE PRINT OR TYPE)

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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     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)

Justin Michael Grabelle

3. Address (include post office box or street, city, state, zip code)

4210 SE 7th Pl  
Ocala, FL 34471

4. Telephone

(352) 816-2111

5. E-mail address

Justin.Grabelle@gmail.com

6. Office sought (include district, circuit, group number)

Ocala City Council District 5

7. If a candidate for a nonpartisan office, check if 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

Justin Grabelle

11. Mailing Address

4210 SE 7th Place

12. Telephone

(352) 816 2111

13. City

Ocala

14. County

Marion

15. State

FL

16. Zip Code

34471

17. E-mail address

Justin.Grabelle@gmail.com

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank

CBC National Bank

20. Address

910 SW 1st Ave

21. City

Ocala

22. County

Marion

23. State

FL

24. Zip Code

34471

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

6/7/17

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

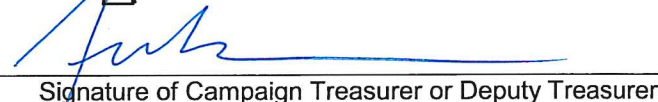
I, Justin Grabelle, do hereby accept the appointment

(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/7/17

Date

X   
Signature of Campaign Treasurer or Deputy Treasurer