

**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)

Catherine G. Zimmer

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

4744 SE 35th St.  
Ocala, FL 34480

**4. Telephone**

(352 ) 207-1440

**5. E-mail address**

cgzimmer723@yahoo.com

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

Ocala City Mayor

**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**

Michael Zimmer

**11. Mailing Address**

4744 SE 35th St

**12. Telephone**

( 405 ) 834-0808

**13. City**

Ocala

**14. County**

Marion

**15. State**

FL

**16. Zip Code**

34480

**17. E-mail address**

m1118z@aol.com

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

**19. Name of Bank**

Wells Fargo

**20. Address**

2001 SW 17th Street

**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**

6/28/2017

**26. Signature of Candidate**

*Catherine G. Zimmer*

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

I, Michael Zimmer, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

6/28/2017  
Date

*[Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer