

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

2023 SEP 7 PM 3:01

(PLEASE PRINT OR TYPE)

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)

Cindy M Hall

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

*4740 LaCasa Circle
Pace FL 32571*

4. Telephone

(850) 281-6701

5. E-mail address

Cindyhall2@protonmail.com

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

Santa Rosa County Supervisor of Elections

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 *Republican* Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Cindy M Hall

11. Mailing Address

4740 LaCasa Circle Pace FL 32571

12. Telephone

(850) 281-6701

13. City

Pace

14. County

Santa Rosa

15. State

FL

16. Zip Code

32571

17. E-mail address

Cindyhall2@protonmail.com

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

19. Name of Bank

Santa Rosa County Federal Credit Union

20. Address

6499 Caroline St.

21. City

Milton

22. County

Santa Rosa

23. State

FL

24. Zip Code

32570

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

9-7-23

26. Signature of Candidate

X Cindy M. Hall MLS(ASCP)

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

I, *Cindy M. Hall*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

9-7-23

Date

X Cindy M. Hall MLS(ASCP)

Signature of Campaign Treasurer or Deputy Treasurer