

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

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

13 OCT 11 PM 1:40

(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)**

SUSAN W. BOTTCHEK

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

3448 NW 12TH AVE  
GAINESVILLE FL 32605

**4. Telephone**

(352) 378-5492

**5. E-mail address**

swbottker@swet.com

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

GAINESVILLE CITY COMMISSION  
DISTRICT 3

**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**

ROBERT K. KARP

**11. Mailing Address**

1101 NW 43 AVE

**12. Telephone**

(352) 870-4756

**13. City**

GAINESVILLE

**14. County**

ALACHUA

**15. State**

FL

**16. Zip Code**

32609

**17. E-mail address**

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

CAMPUS CREDIT UNION

**20. Address**

1200 SW 5TH AVE

**21. City**

GAINESVILLE

**22. County**

ALACHUA

**23. State**

FL

**24. Zip Code**

32601

**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**

10-11-13

**26. Signature of Candidate**

X Susan W. Bottker

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

I, ROBERT KARP, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

10-11-13

Date

X

Robert Karp

Signature of Campaign Treasurer or Deputy Treasurer