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.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Defice Party	
2. Name of Candidate (in this order: First, Middle, Last) DONALD E. SHEPKERASR.	3. Address (include post office box or street, city, state, zip code)
4. Telephone 5. E-mail address 5. L. South. (352) 378-8297 5. L. South.	
6. Office sought (include district, circuit, group number) A + Larage = 2 Gaines ville City Commission	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
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	
10. Name of Treasurer or Deputy Treasurer	(
DONALD Shepherd	
11. Mailing Address 5512 N, E, 28 Court	12. Telephone (352) 378-82 99
13. City 14. County 15. Star ALachua FL	
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank 4/11-N. Marn Street 20. Address Sun Trust Bank INC. 4/1 N. Main Street	
21. City 22. County Gainesuille Alachua	23. State 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 // -8-13	26. Signature of Candidate X Non all Shyphery
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1, DONALD Shepherd (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer.	
11-8-13 X W	
Date	Signature of Campaign Treasurer or Deputy Treasurer