## 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.

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OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Office Initial Filing of Form Re-filing to Change: Treasurer/Deputy ☐ Depository Party 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) 790 SW 62 Blod, 131899 Davi U I Salah Arreck
elephone 5. E-mail address Gainesville, FL 32607 (35) 514-7224 davidure of 20 gnail cor 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: Galnesville City Commissioner, District 3 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 No Party Affiliation Party candidate. Write-In **Deputy Treasurer** Campaign Treasurer 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer David Isarah Arreda 11. Mailing Address 12. Telephone 700 SW 62 Blod, B189 14. County (352)514-7224 17. E-mail address 13. City 15. State 16. Zip Code davidared a De gnall. com FL 52607 Galnesville Primary Depository Secondary Depository 18. I have designated the following bank as my 19. Name of Bank 20. Address Alliace (cedit Union 24. Zip Code 21. City logincsville 5260h 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. 26. Signature of Candidate 25. Date Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Hrre014 , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. Campaign Treasurer designated above as: Signature of Campaign Treasurer or Deputy Treasurer