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.

CITY OF GAINESVILLE CITY COMMISION

18 NOV -7 PM 3: 18

OFFICE USE ONLY

officer before opening the campaign account.	OFFICE USE ONLY
CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Tr	reasurer/Deputy Depository Deffice Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
LAUREN BRENT POF	code) 2001 NW 2135 St.
4. Telephone 5. E-mail address	Gainesville, FC 32605
(352)871-0895 poetormayor & gmail don	
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
<u>.</u>	applicable: N/A
Gainesville Mayor	My intent is to run as a Write-In candidate
8. If a candidate for a <u>partisan</u> 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	
11. Mailing Address	
	12. Telephone
13. City 14. County 15. State	(352) 339-4547
	te 16. Zip Code 17. E-mail address
Garnesville Machua FI	32606 jocelynpesking hotmail.com
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank 19. Name of Bank 19. Compus 19. Address 20. Address 5(15 Nw 43 ad St.) 21. City 22. County 23. State 24. Zip Code 32606	
21. City 22. County	23 State 24 Zip Code
Gainesville Alachua	FL 32606
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	26. Signature of Candidate
Nov. 7, 2018	X O- F
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Jocelyn Peskin (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer	
11 7 18 X X	
Date	Signature of Campaign Treasurer or Deputy Treasurer