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

CITY OF GAINESVILLE CITY COMMISION

2019 JAN -3 PM 3: 14

officer before opening the campaign account.			OFFICE USE ONLY					
1. CHECK APPROPRIATE BOX(ES):								
✓ Initial Filing of Form	Re-filing to Change:	Treasu	rer/Deputy	Depository		Office	□ P	arty
2. Name of Candidate (in this order: First, Middle, Last)			3. Address (include post office box or street, city, state, zip					
Jennifer Crystal Reid			code) 5080 NW 8th AVE. Gainesville, F1 32605					
4. Telephone J 5.		Guiries	Mile, PI	5240				
(352) 2B1-6027 jenreidformayor@gmail.cm								
6. Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if					
Mayor			applicable: $N \mid A$					
7710-50			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						date.		
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer								
10. Name of Treasurer or Deputy Treasurer								
Heather Alberico								
11. Mailing Address		1	. Teleph					
7662 SW 584				371-5	5391			
13. City 14. County		15. State						
Gainesville Alachua Fl			32608 heighta32egmail.com					
18. I have designated the following bank as my Primary Depository Secondary Depository								
19. Name of Bank			20. Address					
Kenasant Bank			4373 W Newberry Road					
21. City	22. County		23. State	نطم		24. Zip Co		- 1
Gainesville	Alachua		Flor	7(14		3260	7	
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								
12.28.18			x Shuber Cher					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
1. Heather Alberico			, do hereby accept the appointment					
(Please Print or Type Name) designated above as:								
12.28.18 X XXX								
Date		090	ature of Campai	gn Treasurer o	r Deputy	Treasure	r	-