## 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

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officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	Address
☐ Initial Filing of Form Re-filing to Change: ☑ T	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Wendy M. Sapp	code) Po Box 5451
4. Telephone 5. E-mail address	Conneciale 71 32621
(352)328-4134 Wendymsappegmail	n
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Alachua County Property Apprai	applicable:  My intent is to run as a Write-In candidate.
8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> 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
PO BOK 5451	852 1328-4134
13. City 14. County 15. Sta	
Gaineshilo Hiachua II	32627 Wendymsapp Egnal, Con
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address
21. City 22. County	23. State 24. Zip Code
Gainesville Alachua	FI 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	26. Signature of Candidate
10/24/19	X Wendy MSCXX
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Wordy Michelle September (Please Print or Type Name)	, do hereby accept the appointment
designated above as:	r Deputy Treasurer.
10/24/19 X	
Date	Signature of Campaign Treasurer or Deputy Treasurer