

'19 AUG 19 PM 2:43

# 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    ☐ Office    ☐ Party

## 2. Name of Candidate (in this order: First, Middle, Last)

Trisha Roy

## 3. Address (include post office box or street, city, state, zip code)

17125 SW 30th Avenue  
Newberry, FL 32669

## 4. Telephone

(352 ) 474-5032

## 5. E-mail address

trishaduttaroy18@gmail.com

## 6. Office sought (include district, circuit, group number)

Alachua County Commissioner District 3

## 7. If a candidate for a nonpartisan office, check if applicable:

☐ 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

☐ Write-In    ☐ No Party Affiliation    ☒ Democratic    Party candidate.

## 9. I have appointed the following person to act as my

☒ Campaign Treasurer    ☐ Deputy Treasurer

## 10. Name of Treasurer or Deputy Treasurer

Holly Marie Owen

## 11. Mailing Address

11012 NW 18th CT

## 12. Telephone

(352) 246-2607

## 13. City

Gainesville

## 14. County

Alachua

## 15. State

FL

## 16. Zip Code

32606

## 17. E-mail address

sketchr2@gmail.com

## 18. I have designated the following bank as my

☒ Primary Depository    ☐ Secondary Depository

## 19. Name of Bank

Suntrust Bank

## 20. Address

14220 W Newberry Road

## 21. City

Newberry

## 22. County

Alachua

## 23. State

FL

## 24. Zip Code


32669

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

08/19/2019

## 26. Signature of Candidate

X 

## 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Holly Marie Owen, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

08/19/2019  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer