APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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NOTE: This form must be on file with the qualifying officer before opening the campaign account.		OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):		
· · · · · · · · · · · · · · · · · · ·	reasurer/Deputy 🔀 Depository 🗌	Office Party
2. Name of Candidate (in this order: First, Middle, Last) 5. E-mail address	3. Address (include post office box or stroode) POBOX 3588 Cainesuille F	98 =L
(352)281-5990 darnellsadie@gnail.co	om 326.	35-8898
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartis</u> app <u>licable</u> :	an office, check if
SheriFF- Alachua County	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	y 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 Box 358898		281-5990
13. City 14. County 15. State 16. Zip Code 17. E-mail address Opines ville Alachua FL 32635 darnell. Sadie egmail. com		
18. I have designated the following bank as my		
19. Name of Bank 20. Address 1807 NW 13 ST		
21. City 22. County Alachur	N N	24. Zip Code 3 26 0 9
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		
8/20/2015	X Sadi Dan	ell
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
, do hereby accept the appointment (Please Print or Type Name)		
designated above as: Campaign Treasurer Deputy Treasurer.		
0/20/2019 X 5=1-(6)		

Signature of Campaign Treasurer or Deputy Treasurer

119 AUG 20 pm1 2:51

Date