

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

CITY OF GAINESVILLE
CITY COMMISSION

19 OCT -7 AM 9:19 *[Signature]*

(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)
Harvey LeGrand Ward, JR.

3. Address (include post office box or street, city, state, zip code)
*PO BOX 12941
Gainesville, FL 32604*

4. Telephone
(352) 214-4233

5. E-mail address
HLWARDJR@GMAIL.COM

6. Office sought (include district, circuit, group number)
Gainesville City Commission District 2

7. If a candidate for a nonpartisan office, check if applicable: *N/A*
 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 *N/A* Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Harvey L. Ward, JR.

11. Mailing Address
PO Box 12941

12. Telephone
(352) 214-4233

13. City
Gainesville

14. County
Alachua

15. State
FL

16. Zip Code
32604

17. E-mail address
HLWARDJR@GMAIL.COM

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
Compass USA credit union

20. Address
5715 NW 43rd St

21. City
Gainesville

22. County
Alachua

23. State
FL

24. Zip Code
32604

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
10/17/19

26. Signature of Candidate
[Signature]

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, *Harvey L. Ward, JR.*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/17/19
Date

X *[Signature]*
Signature of Campaign Treasurer or Deputy Treasurer