

CITY OF GAINESVILLE
CITY COMMISSION

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19 OCT 10 AM 10:15

**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)
David Isaiah Arceola

3. Address (include post office box or street, city, state, zip code)
*318 SW 27 St.
Gainesville, FL 32607*

4. Telephone
(352) 514-7224

5. E-mail address
dauidarceola1@gmail.com

6. Office sought (include district, circuit, group number)
*Gainesville
City Commissioner District 3*

7. If a candidate for a nonpartisan office, check if applicable: *NA*
 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 *NA* Party candidate.

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

10. Name of Treasurer or Deputy Treasurer
David Arceola

11. Mailing Address
318 SW 27 St

12. Telephone
(352) 514-7224

13. City
Gainesville

14. County
Alachua

15. State
FL

16. Zip Code
32607

17. E-mail address
dauidarceola1@gmail.com

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

19. Name of Bank
Alliance Credit Union

20. Address
412 E University Ave

21. City
Gainesville

22. County
Alachua

23. State
FL

24. Zip Code
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
10/10/19

26. Signature of Candidate
X [Signature]

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

designated above as: Campaign Treasurer Deputy Treasurer.
10/10/19 *X [Signature]*
Date Signature of Campaign Treasurer or Deputy Treasurer