

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

CITY OF GAINESVILLE
CITY COMMISSION

law

19 OCT 30 PM 4:10

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

DAVID WALLE

P.O. Box 357191

4. Telephone 5. E-mail address

(352) 328-9384

dbwalle@gmail.com

GAINESVILLE, FL 32635

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

GAINESVILLE City Commission, District 2

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 _____ 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 WALLE

11. Mailing Address

P.O. Box 357191

12. Telephone

(352) 328-9384

13. City <i>GAINESVILLE</i>	14. County <i>ALACHUA</i>	15. State <i>FL</i>	16. Zip Code <i>32635</i>	17. E-mail address <i>dbwalle@gmail.com</i>
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18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank *Community Bank & Trust, soon to be known as Mid Florida Credit Union*

20. Address *1800 W. Univ. Ave. Ste 130*

21. City <i>GAINESVILLE</i>	22. County <i>ALACHUA</i>	23. State <i>FL</i>	24. Zip Code <i>32603</i>
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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

Oct 30, 2019

26. Signature of Candidate

X *[Signature]*

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

I, *DAVID WALLE*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

Oct. 30, 2019

Date

X

Signature of Campaign Treasurer or Deputy Treasurer