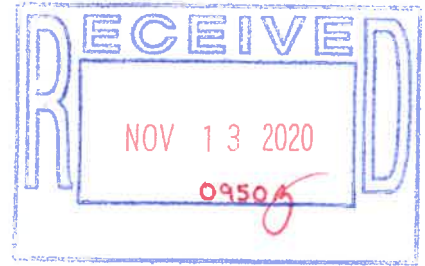


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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)

Carla Shauntrel Miles.

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

918 NE 18th St.
Gainesville, FL.
32641.

4. Telephone

(352) 519-2980.

5. E-mail address

ShauntrellewisMiles@gmail.com.

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

Gainesville City Commission District One.

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

Carla S. Miles.

11. Mailing Address

918 NE 18th Street

12. Telephone

(352) 519-2980.

13. City

Gainesville.

14. County

Alachua.

15. State

FL.

16. Zip Code

32641

17. E-mail address

ShauntrellewisMiles@gmail.com.

18. I have designated the following bank as my

☒ Primary Depository

☐ Secondary Depository

19. Name of Bank

Alliance Credit Union.

20. Address

4280 NW. 16th Blvd.

21. City

Gainesville

22. County

Alachua.

23. State

FL.

24. Zip Code

32605

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

11-13-20.

26. Signature of Candidate

X

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

I, Carla S. Miles., do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

11-13-20
Date

X

Signature of Campaign Treasurer or Deputy Treasurer