## 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

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officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	1
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
Sarah B Rockwell	code) 5901 NW 97 ST
4. Telephone 5. E-mail address	Gainesville, FL 32453
Och Co Tool Court	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Alachua County School Board, Distric	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	
11. Mailing Address	12. Telephone
	( )
13. City 14. County 15. St	ate 16. Zip Code 17. E-mail address
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address
Campus USA Credit Union	800 SW 2nd Ave, Suite 150
21. City 22. County	23. State 24. Zip Code
Gainesville Alachua	FL 3260)
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
08/23/2021	x Sarah B Kockwell
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
l,	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasure	r Deputy Treasurer.
$\mathbf{X}$	
Date	Signature of Campaign Treasurer or Deputy Treasurer