

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

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

REC'D CLERK'S OFFICE  
24 APR 1 PM 1:41

*[Signature]*

NOTE: This form must be on file with the filing 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):  
(Please Print or Type Name)

*Fareed "Reed" Johnson*

**3. Address** (include PO Box or Street, City, State, Zip Code):

*2740 NW 74th PL  
Gainesville, FL 32653*

**4. Telephone:**

*(352) 222-4192*

**5. Candidate's Voter Registration #:**

*N/A*  
(not required for qualifying purposes)

**6. Email Address:**

*so Contact@electfareed.com*

**7. Office Sought** (include district, circuit, group, or seat #):

*Gainesville  
COG City Commission At large Seat A*

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate. *N/A*

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a *N/A*

Write-In Candidate.     No Party Affiliation Candidate.     \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**     Campaign Treasurer     Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

*Fareed Johnson*

**12. Telephone:**

*(352) 222-4192*

**13. Email Address:**

*Contact@electfareed.com*

**14. Mailing Address:**

*2740 NW 74th PL*

**15. City:**

*Gainesville*

**16. State:**

*FL*

**17. Zip Code:**

*32653*

**18. I have designated the following bank as my** (check appropriate box):     Primary Depository     Secondary Depository

**19. Name of Bank:**

*Wells Fargo*

**20. Address:**

*1717 NW 13th ST*

**21. City:**

*Gainesville*

**22. County:**

*Alachua*

**23. State:**

*FL*

**24. Zip Code:**

*32609*

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date:**

*4/1/24*

**26. Signature of Candidate:**

**X** *Fareed Johnson*

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

I, *Fareed Johnson* do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

*4/1/24*

**29. Signature of Campaign Treasurer or Deputy Treasurer**

**X** *Fareed Johnson*