

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

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

(PLEASE PRINT OR TYPE)

2023 NOV 01 PM 04:39

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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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)

*PETER KING*

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



4. Telephone



5. Candidate's Voter Registration #:

*100436675*

(Not required for Qualifying Purposes)

(Not required for Qualifying Purposes) - Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form):

*(PET)(ER) (KAD)(FIT) (NET) (GET)*

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

*ALACHUA COUNTY SHERIFF*

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     *Democratic* Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

*STEPHANIE SEAWRIGHT*

11. Telephone

*(352) 794-6469*

12. Mailing Address

*1825 SE 46th DRIVE*

13. City

*GAINESVILLE*

14. State

*FL*

15. Zip Code

*32641*

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

17. Name of Bank *Penasant Bank*

~~FLORIDA CREDIT UNION~~ *(SR)*

18. Address *4373 Newberry Rd*

~~3720 NW 18th St~~ *(SR)*

19. City

*GAINESVILLE*

20. County

*ALACHUA*

21. State

*FL*

22. Zip Code

*32609* *(SR)*

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.

23. Date

*11-01-2023*

24. Signature of Candidate

*X [Signature]*

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

I, *Stephanie Seawright*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer.     Deputy Treasurer.

*11/1/23*

Date

*X [Signature]*

Signature of Campaign Treasurer or Deputy Treasurer