

**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:  <sup>TC</sup> Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

*Timothy C. Campbell*

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

*P.O. Box 1200  
Lynn Haven, FL 32444*

**4. Telephone**

[REDACTED]

**5. E-mail address**

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

*Bay County Judge Group 1*

**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**

*Deborah Campbell*

**11. Mailing Address**

*P.O. Box 1200*

**12. Telephone**

[REDACTED]

**13. City**

*Lynn Haven*

**14. County**

*Bay*

**15. State**

*FL*

**16. Zip Code**

*32444*

**17. E-mail address**

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

**19. Name of Bank**

*Ameris Bank*

**20. Address**

*2606 S. Hwy 77*

**21. City**

*Lynn Haven*

**22. County**

*Bay*

**23. State**

*FL*

**24. Zip Code**

*32444*

**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**

*December 2, 2019*

**26. Signature of Candidate**

*X Timothy C. Campbell*

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

I, *Deborah Campbell*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

*12-2-19*

Date

*X Deborah Campbell*

Signature of Campaign Treasurer or Deputy Treasurer

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