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	• •								
	Re-filing to Change:			er/Deputy	Deposito		Office	☐ Party	
2. Name of Candidate (in this order: First, Middle, Last)				3. Address (include post office box or street, city, state, zip code) 212 Highway 98					
Linda W Hamilton									
4. Telephone 5. E-mail address			Mexico Beach						
(850)227-8258 linda	aham212@gmail.	com	FL 32456-9583						
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if					
Councilperson GROWP3				applicable:					
Mexico Beach, FL 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 candid							andidate.		
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer J W Hamilton. III									
11. Mailing Address				12. Telephone					
212 Highway 98						(85	0)340	0-0493	
I	4. County ay	15. State		16. Zip Code 17. E-mail address 32456-9583 billhamilton212@gmail.com					
18. I have designated the following bank as my									
			20. Address 101 15th St						
21. City	22. County		23. State				24. Zip Code		
Mexico Beach	Bay			FL			32456		
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							rî j		
7,90,2023				X Linda W. Hamilton					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
, do hereby accept the appointment (Please Print or Type Name)							ointment		
designated above as:									
Note X Signature of Campaign Treasurer or Deputy Treasurer									
Date			Sign	iture of Campa	aign i reasure	er or Depu	ıty i reast	urer	