

**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:  Treasurer/Deputy     Depository     Office     Party

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

**3. Address (include post office box or street, city, state, zip code)**  
**2323 MOUND AVENUE  
PANAMA CITY, FL. 32405**

**4. Telephone**  
**( 850 ) 832-2668**

**5. E-mail address**  
**DSOWELL59@GMAIL.COM**

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

**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     **REPUBLICAN** Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**  
**CHERYL M SOWELL**

**11. Mailing Address**  
**2323 MOUND AVENUE**

**12. Telephone**  
**( 850 ) 832-2823**

**13. City**  
**PANAMA CITY**

**14. County**  
**BAY**

**15. State**  
**FL**

**16. Zip Code**  
**32405**

**17. E-mail address**  
**CSOWELL@KNOLOGY.NET**

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

**19. Name of Bank**  
**MIDSOUTH BANK**

**20. Address**  
**1418 WEST 23RD STREET**

**21. City**  
**PANAMA CITY**

**22. County**  
**BAY**

**23. State**  
**FL**

**24. Zip Code**  
**32405**

**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**  
**10-10-23**

**26. Signature of Candidate**  
**X Dan Sowell**

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**  
I, **CHERYL M SOWELL**, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

**10-10-2023**  
Date

**X Cheryl M Sowell**  
Signature of Campaign Treasurer or Deputy Treasurer