

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
AUG 10 2018
CITRUS COUNTY
ELECTIONS

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)

Patrick A. Crippen

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

4. Telephone

(940) 205-3056

5. E-mail address

Crippen2020@yahoo.com

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

Citrus 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 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

Heather Kaiser

11. Mailing Address

12. Telephone

(817) 975-6495

13. City

14. County

Citrus

15. State

FL

16. Zip Code

17. E-mail address

heatherkaiser76@yahoo.com

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

19. Name of Bank

Chase

20. Address

8111 SW Hwy 200

21. City

Ocala

22. County

~~Ocala~~ Marion

23. State

FL

24. Zip Code

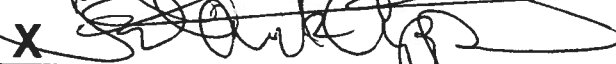
34481

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

08/10/18

26. Signature of Candidate



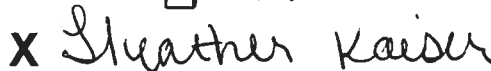
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, HEATHER KAISER, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8-10-18

Date



Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
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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)

PATRICK A. CRIPPEN

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

4. Telephone

(940) 205-3056

5. E-mail address

CRIPPEN2020@YAHOO

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

CITRUS 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

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

PATRICK A. CRIPPEN

11. Mailing Address

12. Telephone

(940) 205-3056

13. City

14. County

CITRUS

15. State

FL

16. Zip Code

17. E-mail address

CRIPPEN2020@YAHOO.COM

18. I have designated the following bank as my

Primary Depository

Secondary Depository

19. Name of Bank

CHASE BANK

20. Address

8115W Hwy 200

21. City

OCALA

22. County

MALDEN

23. State

FL

24. Zip Code

34481

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

08/10/18

26. Signature of Candidate

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

I, PATRICK A. CRIPPEN, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer

08/10/18

Date

Signature of Campaign Treasurer or Deputy Treasurer