

**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.

RECEIVED

JAN 10 2019

CITRUS COUNTY  
ELECTIONS

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)

Mel B. Eakley

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

P.O. Box 400  
HOMOSASSA, FL 34487

4. Telephone

(813) 244-0081

5. E-mail address

mel.eakley@sheriff.com  
e.gmail.com

Protected

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

Mel Eakley

11. Mailing Address

Protected

12. Telephone

(813) 244-0081

13. City

14. County

15. State

16. Zip Code

17. E-mail address

@ Mel.Eakley@sheriff.com

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

BRANNEN BANK

20. Address

2400 Highway 44W

21. City

Inverness

22. County

Citrus

23. State

Florida

24. Zip Code

34453

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

1/10/2019

26. Signature of Candidate

X [Signature]

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

I, Mel Eakley, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer

1/10/2019

Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer