

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
MAY - 8 2019
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)

Meredith, Marize Linley

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

402 N MCGOWAN AVE
CRYSTAL RIVER, FL 34429

4. Telephone

(352) 212-4077

5. E-mail address

meredithm@votemeredithe.com

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

Supervisor of Elections

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

Tabitha Wells

11. Mailing Address

107 N. Apopka Ave

12. Telephone

(352) 423-4290

13. City

Inverness

14. County

Pt Citrus

15. State

FL

16. Zip Code

34450

17. E-mail address

tabitha@wellsbizsolutions.com

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

19. Name of Bank

Drummond Bank

20. Address

1160 N. Suncoast Blvd

21. City

Crystal River

22. County

CITRUS

23. State

Florida

24. Zip Code

34429

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

May 8, 2019

26. Signature of Candidate

Meredith M. Linley

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

I, Tabitha Wells, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/8/2019
Date

X Tabitha Wells
Signature of Campaign Treasurer or Deputy Treasurer

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

Meredith Marie Linley

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

402 N. McGowan Ave
Crystal River, FL 34429

4. Telephone

(352) 212-4077

5. E-mail address

meredith@votemeredith.com

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

Supervisor of Elections

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My intent is to run as a Write-In candidate.

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Write-In No Party Affiliation Republican Party candidate.

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10. Name of Treasurer or Deputy Treasurer

Meredith Marie Linley

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25. Date

May 8, 2019

26. Signature of Candidate

X

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

I, Meredith Marie Linley, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

May 8, 2019
Date

X
Signature of Campaign Treasurer or Deputy Treasurer