

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED  
DEC 11 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)

ROB TESSMER

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

8084 E. LOST POND LN.

4. Telephone

(352) 302-0469

5. E-mail address

TESSMERFORAPPRAISER@GMAIL.COM

INVERNESS, FL 34450

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

ROB TESSMER

11. Mailing Address

8084 E. LOST POND LN.

12. Telephone

(352) 302-0469

13. City

INVERNESS

14. County

CITRUS

15. State

FL

16. Zip Code

34450

17. E-mail address

TESSMERFORAPPRAISER@GMAIL.COM

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

19. Name of Bank

BRANNEN BANK

20. Address

200 W. MAIN ST.

21. City

INVERNESS

22. County

CITRUS

23. State

FL

24. Zip Code

34450

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

12/11/19

26. Signature of Candidate

X 

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

I, ROB TESSMER, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

12/11/19  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
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ROB TESSMER

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

8084 E. LOST POND LN.  
INVERNESS, FL 34450

4. Telephone

(352) 302-0469

5. E-mail address

TESSMERFORAPPRAISER@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

ROBERT WINSLER

11. Mailing Address

133 n Golf Course Dr

12. Telephone

(941) 809-0051

13. City    14. County    15. State    16. Zip Code    17. E-mail address  
Crystal River    Citrus    FL    34429    bobby@winslerca.com

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

19. Name of Bank

BRANNEN BANK

20. Address

200 W. MAIN ST.

21. City    22. County    23. State    24. Zip Code  
Inverness    Citrus    FL    34450

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25. Date

12/11/19

26. Signature of Candidate

X 

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

I, Robert Winsler, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

12-11-19

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer