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

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

(PLEASE PRINT OR TYPE)

Record 2019SEP10AM09:13

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

| officer before opening the campaign account. | OFFICE USE ONLY |
|--|---|
| 1. CHECK APPROPRIATE BOX(ES): | · |
| Initial Filing of Form Re-filing to Change: , T | reasurer/Deputy Depository Office Party |
| 2. Name of Candidate (in this order: First, Middle, Last) | 3. Address (include post office box or street, city, state, zip |
| Alexandria vita Hill | code) 920 Fleming Street |
| 4. Telephone 5. E-mail address | Fleming Island, FL 32003 |
| (904) 554-9344 Alex40lay2020egmail.a | om 3 32W3 |
| Office sought (include district, circuit, group number) | 7. If a candidate for a <u>nonpartisan</u> office, check if applicable: |
| Clay Clunty Commissioner, Distr | |
| 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 ☒ ☒️ | Publican Party candidate. |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | |
| 10. Name of Treasurer or Deputy Treasurer | nith |
| 11. Mailing Address | 12. Telephone |
| 1661 Cinnamon Fem CA. | (901)591-4185 |
| 13. City 14. County 15. Sta | ate 16. Zip Code 17. E-mail address |
| Flemina Wand Clau F | 2 32003 Alex4Clay2020@amail.com |
| 18. I have designated the following bank/as my | Primary Depository Secondary Depository |
| 19. Name of Bank | 20. Address |
| Kegions Bank | 15/10 Blanding Blval |
| 21. City 22. County Orange Park Clay | 23. State 24. Zip Code 32073 |
| 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 0 10 1 - | 26. Signature of Candidate |
| 9/8/19 | X |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | |
| 1, LOSSandra SMHA (Places Brint or Type Name) | , do hereby accept the appointment |
| (Please Print or Type Name) | |
| designated above as: | |
| 9/8/19 X | (M) |
| Date | Signature of Campaign Treasurer or Deputy Treasurer |