

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

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

(PLEASE PRINT OR TYPE)

Recvd 2020JAN09PM03:43

**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)

MELANIE DAWN WALLS

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

6531 Immokalee Rd  
Keystone Heights, FL 32656

**4. Telephone**

(352) 235-6205

**5. E-mail address**

electmelaniewalls@gmail.com

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

SUPERINTENDENT OF SCHOOLS

**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**

Sawyer Maxwell

**11. Mailing Address**

5055 Klare dr.

**12. Telephone**

(352) 218-7299

**13. City**

Keystone Heights

**14. County**

Clay

**15. State**

FL

**16. Zip Code**

32656

**17. E-mail address**

sawyer.maxwell16@gmail.com

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

**19. Name of Bank**

AMERIS BANK

**20. Address**

100 NE COMMERCIAL CIRCLE

**21. City**

KEYSTONE HEIGHTS

**22. County**

CLAY

**23. State**

FL

**24. Zip Code**

32656

**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**

01/09/2020

**26. Signature of Candidate**

X 

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

I, Sawyer Maxwell, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer

☐ Deputy Treasurer.

1/09/2020

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer