

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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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

MELANIE DAWN WALLS

11. Mailing Address

6531 IMMOKALEE RD

12. Telephone

(352) 235-6205

13. City

KEYSTONE HEIGHTS

14. County

CLAY

15. State

FL

16. Zip Code

32656

17. E-mail address

electmelaniewalls@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 CIRQUE

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

1/9/2020

26. Signature of Candidate

X 

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

I, MELANIE D. WALLS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

1/9/2020
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer