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

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

(PLEASE PRINT OR TYPE)

RECEWED

OCT 1 6 2017

DUVAL COUNTY ELEC. By\_\_\_\_\_

| officer before opening the campaign account.   | OFFICE USE ONLY  |
|--|--|
| 1. CHECK APPROPRIATE BOX(ES):  |  |
| Initial Filing of Form Re-filing to Change: Tr   | reasurer/Deputy Depository Office Party                            |
| 2. Name of Candidate (in this order: First, Middle, Last)  | Address (include post office box or street, city, state, zip code) |
| Rose Conry 4. Telephone 5. E-mail address  | _ code)<br>_ 977/ woodrose Ln                                      |
|  | Jax 32257  |
| (941) 488-7194   |  |
| 6. Office sought (include district, circuit, group number)   | 7. If a candidate for a <u>nonpartisan</u> office, check if        |
| CC Nist 6  | applicable:  My intent is to run as a Write-In candidate.          |
|  |  |
| 8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a  |  |
| ☐ Write-In ☐ No Party Affiliation ☑ <u>Republican</u> Party candidate.   |  |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer  |  |
| 10. Name of Treasurer or Deputy Treasurer  |  |
| 11. Mailing Address (12. Telephone (964) 705-6373  |  |
| 13 City 14 County 4 15 Sta   | te 16 Zip Code 17 F-mail address a a                               |
| Jax Duval Fl   | - 32257 rose @ stattime 10 bs can                                  |
| 18. I have designated the following bank as my   |  |
| 19. Name of Bank  20. Address  |  |
| SunTrust   | 200 S. Nokomis Ave   |
| 21. City 22. County Venice Sarasota  | 23. State 24. Zip Code 342.85                                      |
|  |  |
| 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   | 26. Signature of Candidate   |
| 10-16-17   | X/ SALC. C/  |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)   |  |
| 1. Rose Conry  | , do hereby accept the appointment                                 |
| (Please Print or Type Name)  |  |
| designated above as:   Campaign Treasurer Deputy Treasurer.  |  |
| 10/16/17 X/Xxel. Com/)   |  |
| Date   | Signature of Campaign Treasurer or Deputy Treasurer                |