

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

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

(PLEASE PRINT OR TYPE)

'18 FEB 16 1:40 PM

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)**

ALAN CAMPBELL McMILLAN

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

54 STARLAKE DR  
PENSACOLA, FL 32509

**4. Telephone**

(850) 449-3101

**5. E-mail address**

alan.c.mcmillan@gmail.com

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

COUNTY COMMISSION DISTRICT 2

**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**

CHARLOU WILLIAMS

**11. Mailing Address**

2327 BRIGHTVIEW PLACE

**12. Telephone**

(850) 512-4594

**13. City**

CANTONMENT

**14. County**

ESCAMBIA

**15. State**

FL

**16. Zip Code**

32533

**17. E-mail address**

charlou@wilsonpg.com

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

**19. Name of Bank**

WARRINGTON BANK

**20. Address**

4093 BARRANCAS AVE

**21. City**

PENSACOLA

**22. County**

ESCAMBIA

**23. State**

FL

**24. Zip Code**

32507

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**

2/16/18

**26. Signature of Candidate**

X [Signature]

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

I, CHARLOU WILLIAMS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

2/16/18

Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer