APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

'18 FEB 16 1:40PM

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 STAR LAKE DR
PENSACOLA, FL 32507

4. Telephone
(850) 449-3101

5. E-mail address
ALAN @ ALANMcMillanForDistrict2.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
DENIS A. McKINNON

11. Mailing Address
707 N th 74th Ave

12. Telephone
(850) 449-8604

13. City
PENSACOLA

14. County
ESCAMBIA

15. State
FL

16. Zip Code
32506

17. E-mail address
DAMMWMUS @ YAHOO.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, DENIS A. McKINNON _____, 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

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.