

**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)

Scott Trotter

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

300 Jamison Street
Pensacola, FL 32507

4. Telephone

(850) 346-8442

5. E-mail address

scott-trotter@outlook.com

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

County Commissioner, 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 Democrat _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Dorothy Alene Garrett

11. Mailing Address

11151 Gulf Beach Hwy.

12. Telephone

(850) 287-5815

13. City

Pensacola

14. County

Escambia

15. State

FL

16. Zip Code

32507

17. E-mail address

dorothy.garrett@gmail.com

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

19. Name of Bank

Regions Bank

20. Address

5150 N 9th Ave.

21. City

Pensacola

22. County

Escambia

23. State

FL

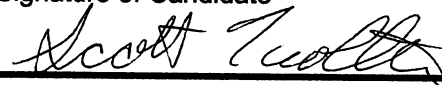
24. Zip Code

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

28 Sep 2018

26. Signature of Candidate

X 

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

I, Dorothy Alene Garrett, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

09/28/2018

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CAMPAIGN FINANCIALS
AND RESIGNATION OF CANDIDATE
SECTION 105.02(1), F.S.

(PLEASE PRINT OR TYPE)

Note: This form must be on the prescribed form and must be filed with the Department of Campaign Finance.

1. OFFICE ADDRESS (IF ANY)

I am not an officeholder. I am an officeholder.

2. HOME ADDRESS (In the case of a candidate for office, include office address if different from home address.)

County: Polk

City: Winter Haven

Address: 1000 E. Highway 170, Suite 100

City: Winter Haven

County: Polk

State: FL

Zip: 33884

3. PARTY AFFILIATION

I am not affiliated with any party. I am affiliated with the following party:

Party: Republican

4. CAMPAIGN FINANCIALS

5. SIGNATURE OF CANDIDATE

6. SIGNATURE OF WITNESSES

7. DATE

8. COUNTY

9. CITY

10. ADDRESS

11. STATE

12. ZIP

13. SIGNATURE OF CANDIDATE

14. SIGNATURE OF WITNESSES

15. DATE

16. COUNTY

17. CITY

18. ADDRESS

19. STATE

20. ZIP

21. SIGNATURE OF CANDIDATE

22. SIGNATURE OF WITNESSES

23. DATE

24. COUNTY

25. CITY

26. ADDRESS

27. STATE

28. ZIP