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

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officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Leigh Anne Bell	Code) 2533 REDFORD DR
4. Telephone 5. E-mail address	CANTON MENT, FL 32533
(850) 512.0406 abell obolo@9Mail. Com	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
County Commission DISTRICT 4	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	Party candidate.
9. I have appointed the following person to act as my X Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
Leigh Anne Bell 11. Mailing Address 12 Telephone	
2533 LEDFORD Dr.	12. Telephone (80) 512,0406
13. City 14. County 15. State 16. Zip Code 17. E-mail address	
Cantonment Escambia Fi	
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank 20 Address	
Harvesters tederal Credit Union 21. City 22. County	P.O. BOX 5
21. City 22. County 25. Campia	23. State 24. Zip Code 27533
	E 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
06-21-18	x del a sell
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Leigh Anne Bell (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer.	
06-21-18 X 3 & C Bell	
Date	Signature of Campaign Treasurer or Deputy Treasurer