

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

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

(PLEASE PRINT OR TYPE)

19 NOV 1 10:38 AM

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)**

Clorissti Berine Shoemo

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

622 Chadwick Street  
Pensacola, FL 32503

**4. Telephone**

(850 ) 384-0466

**5. E-mail address**

clorissti2@gmail.com

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

Emerald Coast Utilities Authority District 3

**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**

Clorissti Shoemo

**11. Mailing Address**

622 Chadwick Street

**12. Telephone**

( 850 ) 384-0466

**13. City**

Pensacola

**14. County**

Escambia

**15. State**

FL

**16. Zip Code**

32503

**17. E-mail address**

clorissti2@gmail.com

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

**19. Name of Bank**

Navy Federal Credit Union

**20. Address**

6200 North Davis Highway

**21. City**

Pensacola

**22. County**

Escambia

**23. State**

FL

**24. Zip Code**

32504

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**

11-1-19

**26. Signature of Candidate**



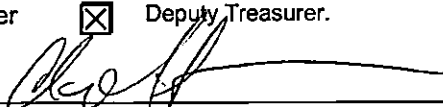
**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, Clorissti Berine Shoemo, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

11-1-19

Date

  
Signature of Campaign Treasurer or Deputy Treasurer