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

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

(PLEASE PRINT OR TYPE)

'20 FEB 3 1:08PM

NOTE: This form must be officer before opening the	llifying				OFFICE	USE	ONLY	
1. CHECK APPROPRIATE BOX(ES):								
Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Defice Party								
2. Name of Candidate (in this order: First, Middle, Last)			Address (include post office box or street, city, state, zip code)					
MEGAN NICOLE WALTERS			P.O. BOX 037					
4. Telephone 5. E-mail address			CANTONMENT, FL 32333					
(850) 436-3274	MEGANWALTERS 10	1506MAN	_ ,		<i>,</i> , –	- -		
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if							k if	
		applicable:						
OISTRICT S COUNTY COMMISSIONER My intent is to run as a Write-In candidate.								date.
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 ☐ No Party Affiliation ☑ <u>REPUBLICAN</u> Party candidate.								
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer								
10. Name of Treasurer or Deputy Treasurer								
DARRELL MCMANN								
11. Mailing Address			12	. Teleph	one			
P.O. BOX 93			(8	350)4	136-3	270	4	
13. City	15. State							
CANTONMENT	ESCAMBIA	FL	32533	MEGANWA	LTERS	405061	MAIL.	com
18. I have designated the following bank as my Primary Depository Secondary Depository								
19. Name of Bank		20. Address						
GULF WINDS CREDIT UNION QUID NINE MILE RO 21. City 22. County 23. State 24. Zip Code								
_	• • •					24. Zip Code		
PENSACOLA ESCAMBIA			F	.2		<u> 3253</u>	4	
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 26. Signature of Candidate								
2-3-202	X	x (Ulatell						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
I, DARRELL MCMANN			, do hereby accept the appointment					
(Please Print or Type Name)								
designated above as: Campaign Treasurer Deputy Treasurer.								
2-3-20 X 6 Dayall M. Mann								
Date Signature of Campaign Treasurer or Deputy Freasurer								
- State Capacity Treaduler								

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