

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

20 FEB 27 11:24 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)**

Megan Nicole Walters

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

PO Box 937  
Cantonment FL 32533

**4. Telephone**

850 436 3274

**5. E-mail address**

meganwalters4d5@gmail.com

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

County Commissioner District 5

**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**

Darrell McMann

**11. Mailing Address**

PO Box 937

**12. Telephone**

850.436.3274

**13. City**

Cantonment

**14. County**

Escambia

**15. State**

FL

**16. Zip Code**

32533

**17. E-mail address**

meganwalters4d5@gmail.com

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

**19. Name of Bank**

Pen Air Credit Union

**20. Address**

1495 E 9 Mile Rd

**21. City**

Pensacola

**22. County**

Escambia

**23. State**

FL

**24. Zip Code**

32533

**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**

022720

**26. Signature of Candidate**

X *Megan Walters*

**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.

2-26-20  
Date

X *Darrell McM*  
Signature of Campaign Treasurer or Deputy Treasurer