## 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

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 Depository Party	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
850431324 Regardessates 40	15 Contonment FL 32533
6. Office sought (include district, circult, group number)  County (DMM) SSIONET DISTRIC	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:  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 ☐ No Party Affiliation ☐ HC	Party candidate.
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address PO BOX 937	12. Telephone 850 LB W 3214
Comtonment Esambia 15. Ste	ate 16. Zip Code 17. E-mail address  17. E-mail address  Meganwalters 4d5 egmail
18. I have designated the following bank as my Primary Depository U Secondary Depository	
19:Name of Bank Pen Air Credit Union	1495 E 9 MILE RO
Pensacola Escambio	23. State 24. Zip Code 32514
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  W  A  A  A  A  A  A  A  A  A  A  A  A
27. Treasurer's Acceptance of Appointment  I, (Please Print or Type Name)	t (fill in the blanks and check the appropriate block), do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer.	
022120 x	Signature of Campaign Treasurer or Deputy Treasurer