

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

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

(PLEASE PRINT OR TYPE)

20 MAY 28 11:54 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)**

JOAN THOMAS READING

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

968 BROKEN ARROW LN  
CAUT., FL 32533

**4. Telephone**

(850) 619 4389

**5. E-mail address**

NS1285@GMAIL.COM

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

COMMISSIONER 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**

JOHN READING

**11. Mailing Address**

968 BROKEN ARROW LN, CAUT., FL. 32533

**12. Telephone**

(850) 619 4389

**13. City**

CANTONMENT

**14. County**

ESCAMBIA

**15. State**

FL

**16. Zip Code**

32533

**17. E-mail address**

NS1285@GMAIL.COM

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

**19. Name of Bank**

HARVESTERS

**20. Address**

400 HWY 29 S

**21. City**

CANTONMENT

**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**

5-28-20

**26. Signature of Candidate**

X 

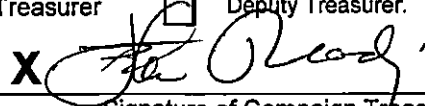
**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, JOHN READING, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5-28-20

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer