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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

OCT 2 1 2021

officer before opening the campaign account.									OFFICE	<u>E</u> USE	ONLY	
1. CHECK APPROPRIATE	BOX(ES	3):										
Initial Filing of Form	Re-	-filing to Chang	ge:[X	Treasure	/Deputy		Depository	<u> </u>	Office		Party	
Name of Candidate (in this order: First, Middle, Last) David M. Williams					Address (include post office box or street, city, state, zip code) 2624 Tinosa Circle							
4. Telephone	lephone 5. E-mail address				Pensacola, FL 32526							
(850) 602-5523	dmwglv	w@gmail.co										
Office sought (include district, circuit, group number) District 3 - School Board					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 partisan office, check block and fill in name of party as applicable: My intent is to run as a												
☐ Write-In ⊠ No	Party Affi	liation						Pa	rty can	didate.		
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer Gail L. Williams												
11. Mailing Address					12. Telephone							
2624 Tinosa Circle					(850) 602-5391							
13. City				State 16. Zip Code 17. E-mail address								
Pensacola Escambia FL			FL	32526 dmwglw@gmail.com								
18. I have designated the	Prin	Primary Depository Secondary Depository										
19. Name of Bank					20. Address							
Pen Air Federal Credit Union				1495 East Nine Mile Road								
21. City		22. County			23. Sta				24. Zip C	ode		
Pensacola		Escambia	_		Florida	a			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				26. Sig	rature of (Jan	didate					
October 18, 2021			_	X	Num	11	Mr Will		<u> </u>			
27. Treasur	er's Acce	eptance of Ap	pointmer	nt (fill in t	ie blanks a	and	check the ap	opropriat	e block)			
ı, Gail L. Williams					, do hereby accept the appointment							
(Please Print or Type Name)												
designated above as:	X] Campaigr	n Treasur	er [Deputy	Tre	asurer.		_			
October 18, 2021 X					Little John							
Date			Signature of Campaign Treasurer or Deputy Treasurer									