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

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

DEC 0 1 2021

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

officer before opening the campaign account.							OFFICE	<u> E USE</u>	ONLY	
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party Office Party										
Name of Candidate (in this order: First, Middle, Last) Scott Ritchie				Address (include post office box or street, city, state, zip code) P.O. Box 12934						
4. Telephone 5. E-mail address			Pens	Penşacola, FL 32591						
(850) 377-5777	ritchieforjudge									
Office sought (include district, circuit, group number) Escambia County Judge group 1.				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 Affiliation Party candidate.										
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer Kathy S. Dickson										
11. Mailing Address 12. Telephor							phone			
P.O. Box 12934		(850) 377-5777								
13. City Pensacola	14. County Escambia		6. Zip Code 2504	17. E-mail address RitchieforJudge@gmail.com						
18. I have designated the following bank as my Primary Depository Secondary Depository										
· ·				20. Address						
				00 S Palafox St #100						
21. City	· · · · · · · · · · · · · · · · · · ·			23. State			24. Zip Code			
Pensacola	ensacola Escambia			Florida				32502		
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 X X S S S S S S S S S S										
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
l,		, do hereby accept the appointment								
(Please Print or Type Name)										
designated above as: Campaign Treasurer Deputy Treasurer.										
Date X Signature of Campaign Treasurer or Deputy Treasurer										
Date Signature of Campaign Tréasurer or Deputy Treasurer										