

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

(PLEASE PRINT OR TYPE)

24 JAN 23 3:05 PM

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Lumman J. May

3. Address (include PO Box or Street, City, State, Zip Code):

609 West Belmont
Pensacola, FL 32501

4. Telephone:

(850) 723-9087

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

Lummanmay@bellsouth.net

7. Office Sought (include district, circuit, group, or seat #):

Escambia County Commissioner District 3

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. Democratic Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

LORRAINE MAY

12. Telephone:

(405) 446-0335

13. Email Address:

14. Mailing Address:

1525 North "J" Street

15. City:

PENSACOLA

16. State:

FL

17. Zip Code:

32501

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

The First

20. Address:

33 W. Garden St

21. City:

PENSACOLA

22. County:

ESCAMBIA

23. State:

FL

24. Zip Code:

32502

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

1-23-24

26. Signature of Candidate:

X Lumman J. May

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

I, LORRAINE MAY
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1-23-24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Lorraine May