

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

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

(PLEASE PRINT OR TYPE)

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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)

Michelle Walker-Crawford

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

3829 S US HWY 129
Bell FL, 32619

4. Telephone

(352) 258-2700

5. E-mail address

michellewalkercrawford@gmail.com

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

School Board District 3

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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Michelle Walker-Crawford

11. Mailing Address

3829 S US HWY 129

12. Telephone

(352) 258-2700

13. City

Bell

14. County

Gilchrist

15. State

FL

16. Zip Code

32619

17. E-mail address

michellewalkercrawford@gmail.com

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

19. Name of Bank

Ameris Bank

20. Address

530 E Wade Street

21. City

Trenton

22. County

Gilchrist

23. State

Florida

24. Zip Code

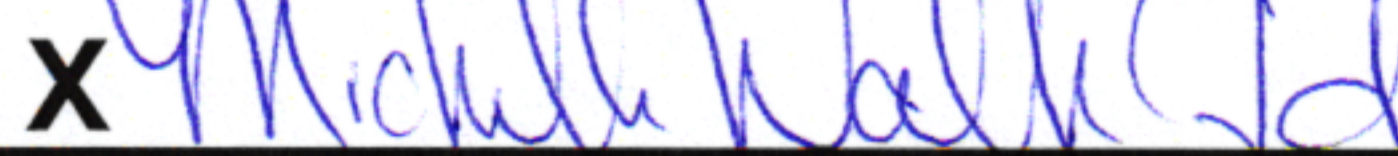
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UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

Jan 11, 2022

26. Signature of Candidate

X 

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

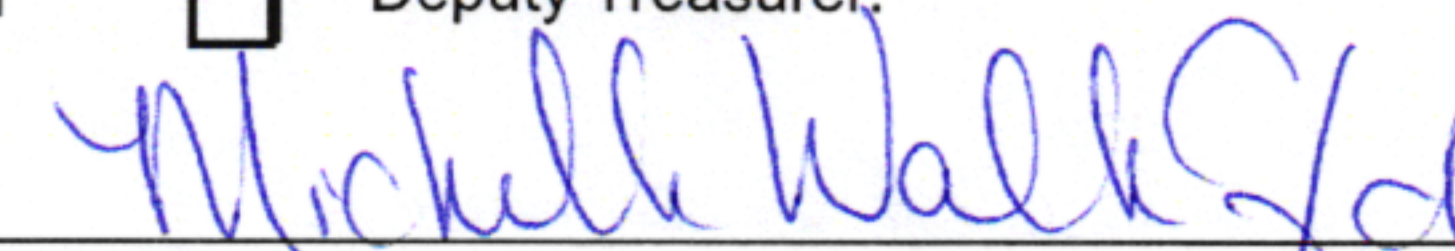
I, Michelle Walker-Crawford, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1-11-22

Date

X



Signature of Campaign Treasurer or Deputy Treasurer