## **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

ST UNG SOSS UMB: TE KECELNED

| officer before opening the campaign account.   |                          |          | OFFICE USE ONLY   |  |                |       |                            |       |  |
|--|--------------------------|----------|---|--|----------------|-------|----------------------------|-------|--|
| 1. CHECK APPROPRIATE BOX(ES):  |                          |          |   |  |                |       |                            |       |  |
| ⊠ Initial Filing of Form   | Re-filing to Change      | : 🔲 Trea | surer/D   | eputy [                                      | Depository     |       | Office                     | Party |  |
| 2. Name of Candidate (in this order: First, Middle, Last)  |                          |          | 3. Address (include post office box or street, city, state, zip         |  |                |       |                            |       |  |
| Susan P. Owens   |                          |          | code)<br>9009 SW 27 Ct  |  |                |       |                            |       |  |
| 4. Telephone   | 5. E-mail address        |          | Trenton, FL 32693   |  |                |       |                            |       |  |
| (002/0101211   | susanowens80@gm          |          |   |  |                |       |                            |       |  |
| Office sought (include district, circuit, group number)     School Board District 2  |                          |          | 7. If a candidate for a <u>nonpartisan</u> office, check if applicable: |  |                |       |                            |       |  |
|  |                          |          |   | My intent is to run as a Write-In candidate. |                |       |                            |       |  |
| 8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> My intent is to run as a |                          |          |   |  |                |       |                            |       |  |
| Write-In No Party AffiliationParty candidate.  |                          |          |   |  |                |       |                            |       |  |
| 9. I have appointed the following person to act as my  |                          |          |   |  |                |       |                            |       |  |
| 10. Name of Treasurer or Deputy Treasurer Susan P. Owens   |                          |          |   |  |                |       |                            |       |  |
| 11. Mailing Address  |                          |          | 1   | 12. Te                                       | lephone        |       |                            |       |  |
| 9009 SW 27 Ct  |                          |          |   |  | (              | 352   | 2)949-                     | 7241  |  |
| 13. City   |                          |          |   | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '        |                |       |                            |       |  |
| Trenton Gilchrist FL   |                          |          | 32693 susanowens80@gmail.com  |  |                |       |                            |       |  |
| 18. I have designated the following bank as my   |                          |          |   |  |                |       |                            |       |  |
| 19. Name of Bank   | Ct                       |          |   |  |                |       |                            |       |  |
|  |                          |          |   | 530 East Wade St                             |                |       |                            |       |  |
| 21. City<br>Trenton  | 22. County<br> Gilchrist |          |   | 23. State                                    |                |       | 24. Zip Co<br><b>32693</b> | ode   |  |
| 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<br>22 2523  |                          |          |   | 26. Signature of Candidates  WMS             |                |       |                            |       |  |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)                                       |                          |          |   |  |                |       |                            |       |  |
| I, Susan P. Owens , do hereby accept the appointment   |                          |          |   |  |                |       |                            |       |  |
| (Please Print or Type Name)  |                          |          |   |  |                |       |                            |       |  |
| designated above as: Campaign Treasurer. Deputy Treasurer  |                          |          |   |  |                |       |                            |       |  |
| 8/21/2027  | 3                        | $x \le$  | 111   | 20M  | Awer           | 15    | and the second second      |       |  |
| Date   |                          | Ce.      | anature   | of Campaig                                   | in Fragurar or | Danut | y Treasure                 | \r    |  |