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

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| officer before opening the campaign account. | | | | | OFFICE USE ONLY | | | | | | |
|--|-------------------|-------------------------|---------|------------------------|---|-------------|-------------|---------|--------------------|-------|--|
| 1. CHECK APPROPRIATE BOX(ES): | | | | | | | | | | | |
| | | e-filing to Change: | | easu | rer/De | eputy | Depositor | / |] Office | Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | | Address (include post office box or street, city, state, zip code) 8279 NE 35 Ave | | | | | | |
| Gina Geiger | | | | | | | | | | | |
| 4. Telephone | 5. E-mail address | | | High Springs, FL 32643 | | | | | | | |
| | | g2@gmail.com | | | | | | | | | |
| Office sought (include district, circuit, group number) Superintendent of Schools | | | | | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | | | |
| Superintendent of Schools | | | | | applicable: My intent is to run as a Write-In candidate. | | | | | | |
| O If dideta fave new | • • • • • | | | | | | | | | | |
| 8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a | | | | | | | | | | | |
| Write-In No Party Affiliation | | | | | Republican Party candidate. | | | | | | |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer Gina Geiger | | | | | | | | | | | |
| 11. Mailing Address | | | | | | | | 12. T | elephone | | |
| 8279 NE 35 Ave | | | | | | | · | (35 | 2) 283 | -0624 | |
| 13. City High Springs | 14. C Gilcl | 15. Sta FL | | | Zip Code 343 | • | | | | | |
| 18. I have designated the following bank as my 🗵 Primary Depository 🔲 Secondary Depository | | | | | | | | | ository | | |
| l . | | | | | | 20. Address | | | | | |
| Capital City Bank | | | | | 690 S Main Street | | | | | | |
| 21. City Bell | | 22. County Gilchrist | | | | 23. State | | | 24. Zip C 32619 | 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. Signature of Candidate | | | | | | | | | | | |
| 10/6/2023 x & ma demos | | | | | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | |
| ı,Gina Geiger | | | | | , do hereby accept the appointment | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | |
| designated above as: | \boxtimes | Campaign Tre | asurer. | П | 1 | Deputy 7/10 | easurer. | | | | |
| 10/6/20 | ງ23 | | X | L | m | à M | a.a. | | | | |
| Date | | | | Signa | ature | of Campaic | n/Treasurer | or Dept | uty Treasur | er | |