

**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 officer before opening the campaign account.**

**OFFICE USE ONLY**

18MAY08PM083854 Lee FL

**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)**

John Cammick

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

P O Box 400  
Matlacha, FL 33993

**4. Telephone**

(239 ) 822-5448

**5. E-mail address**

jcammick@gmail.com

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

Matlacha / Pine Island Fire Control  
Seat 4

**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**

Diane Cammick

**11. Mailing Address**

P.O. Box 2307

**12. Telephone**

(239) 283-3312

**13. City**

Pineland

**14. County**

Lee

**15. State**

FL

**16. Zip Code**

33945

**17. E-mail address**

dmcammick@yahoo.com

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

**19. Name of Bank**

Centennial Bank

**20. Address**

5551 Sunset Lane

**21. City**

St James City

**22. County**

Lee

**23. State**

FL

**24. Zip Code**

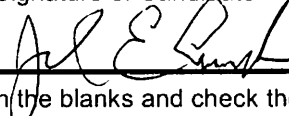
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**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

5/1/18

**26. Signature of Candidate**



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

I, Diane Cammick, do hereby accept the appointment

(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

5/1/18

Date

Diane M. Cammick

Signature of Campaign Treasurer or Deputy Treasurer