

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2015 JUL 31 PM 9 30

SUPERVISOR OF ELECTIONS

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)

Xtavia Kenya Bailey

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

6115 75th Ave East
Palmetto FL 34221

4. Telephone

(941) 526-8080

5. E-mail address

Xtagripp2003@yahoo.

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

School Board District 1

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

Xtavia Bailey

11. Mailing Address

6115 75th Ave. East

12. Telephone

(941) 526-8080

13. City

Palmetto

14. County

Manatee

15. State

FL

16. Zip Code

34221

17. E-mail address

Xtagripp2003@yahoo.com

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

19. Name of Bank

Manatee Community Federal Credit Union

20. Address

604 13th Ave East

21. City

Bradenton

22. County

Manatee

23. State

FL

24. Zip Code

34208

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

07-31-15

26. Signature of Candidate

X 

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

I, Xtavia Bailey, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

07-31-15

Date

X


Signature of Campaign Treasurer or Deputy Treasurer