

**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.

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2017 MAR -9 PM 3:11

HANCOCK COUNTY
SUPERVISOR OF ELECTIONS

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)

CAROL R. WHITMORE

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

8324 MARINA DR.
HOLMES Bch, FL 34217

4. Telephone

941 730-2302

5. E-mail address

CAROLREARLWHITMORE@GMAIL.COM

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

Maricopa County Commissioner, Dist 6

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 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

CAROL WHITMORE

11. Mailing Address

8324 MARINA DR.

12. Telephone

941 730-2302

13. City

HOLMES Bch

14. County

MARICOPA

15. State

FL

16. Zip Code

34217

17. E-mail address

CAROLREARLWHITMORE@GMAIL.COM

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

19. Name of Bank

HANCOCK BANK

20. Address

5817 MARICOPA AVE W.

21. City

BRIDGEMONT

22. County

MARICOPA

23. State

FL

24. Zip Code

34209

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

3-9-17

26. Signature of Candidate

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

I, CAROL WHITMORE, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3-9-17

Date

X

Signature of Campaign Treasurer or Deputy Treasurer