

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

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

(PLEASE PRINT OR TYPE)

*I DO NOT INTEND TO COLLECT  
OR SPEND CAMPAIGN MONEY.*

RECEIVED  
2018 JUN 18 10 12 25

CLERK OF COURT  
JUDICIAL  
CLERKS

**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)

Ron Getman

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

[REDACTED] (not public record-law enforcement exemption)

**4. Telephone**

(941 ) 355-7912

**5. E-mail address**

rongetman@verizon.net

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

Cedar Hammock Fire Control District Commissioner, Seat 2

**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**

**11. Mailing Address**

**12. Telephone**

( )

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

**18. I have designated the following bank as my**

☐ Primary Depository

☐ Secondary Depository

**19. Name of Bank**

**20. Address**

**21. City**

**22. County**

**23. State**

**24. Zip Code**

**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**

6-12-18

**26. Signature of Candidate**

X *Ron Getman*

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

I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☐

Deputy Treasurer.

X

Date

Signature of Campaign Treasurer or Deputy Treasurer