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

I do not intend to spend or receive any funds.

#AD STEE COUNTY SUPERVISION DESCRIPTIONS

| 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 Depository Party | | | | | | | | | |
| 2. Name of Candidate (in this order: First, Middle, Last) Julianne Bowman Ciella 4. Telephone 5. E-mail address (941) 376-9903 Julianne CDD & gmail.com | | | | 3. Address (include post office box or street, city, state, zip code) 4722 111 th Ter E Parrish, FL 34219 | | | | | |
| 6. Office sought (include district, circuit, group number) Harrison Ranch CDD - 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 <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 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 | 4. County | ate 16 | te 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 6/20/18 | | | | 26. Signature of Candidate X Marin Shulla | | | | | |
| 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 | Signature of Campaign Treasurer or Deputy Treasurer | | | | | | |