

**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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SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

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)

Cynthia Anne Moody

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

4522 NE 13th Street  
Ocala, Florida 34470

**4. Telephone**

(352 ) 361-4475

**5. E-mail address**

camoody@cox.net

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

Marion County Clerk of Court and Comptroller

**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      ☒ Democrat      Party candidate.

**9. I have appointed the following person to act as my**      ☐ Campaign Treasurer      ☒ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Carolyn Page Beiderwell

**11. Mailing Address**

16880 SE 63rd Lane

**12. Telephone**

( 352 ) 625-2583

**13. City**

Ocklawaha

**14. County**

Marion

**15. State**

FL

**16. Zip Code**

32179

**17. E-mail address**

cbeiderwel@aol.com

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

**19. Name of Bank**

Campus USA Credit Union

**20. Address**

P.O. Box 147029

**21. City**

Gainesville

**22. County**

Alachua

**23. State**

Florida

**24. Zip Code**

32614

**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**

June 17th, 2016

**26. Signature of Candidate**

X 

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

I, Carolyn Page Beiderwell, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:      ☐ Campaign Treasurer      ☒ Deputy Treasurer.

June 17th, 2016

Date

X   
Signature of Campaign Treasurer or Deputy Treasurer