APPOINTMENT OF CAMPAIGN TREASURER ED AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATIES | | Ph 4:43

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

SUPERVISOR OF ELECTIONS (PLEASE PRINT OR TYPE) RION COUNTY, FLORIDA

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2017 OCT -9 PM 2: 59

SUPERVISOR OF ELECTIONS MARION COUNTY, FLORIDA

NOTE: This form must be on file with the qualifying

oπicer before opening the						OFFIC	E USE	ONLY			
1. CHECK APPROPRIATE Initial Filing of Form	•	S): e-filing to Change:	easurer/[Deputy	□ Depos	itory [Office		Party		
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip						
Dontay "Donnie" Prophet					code) 5001 SW 20th Street, APT 3807, Ocala, FL, 34474						
4. Telephone	5. E-ma	ail address									
		net327@gmail.									
6. Office sought (include of		ircuit, group num	ber)		i	andidate fo	r a <u>nonpa</u>	rtisan offic	e, chec	k if	
School Board, District 3					applic	_		* * * * **			
		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 I	Party Aff	iliation					P	Party car	ndidate.		
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer Janetria Graham											
11. Mailing Address 12. Telephone											
2606 NE 22nd Ave					(352) 444-9159						
13. City	14. 0	County	15. State	a 16.	. Zip Code	17. E-m	17. E-mail address				
Ocala	mario	on	FL	344	34470 janetria84@gmail.com						
18. I have designated the following bank as my					ary Deposit	itory [Second	dary Deposi	itory		
					20. Address						
Campus USA Credit Ur	nion		30	097 SV	W Colleg						
21. City		22. County	-		23. Stat	te		24. Zip (Code		
Ocala		Marion			FL			34474			
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 26					26. Signature of Candidate						
09/18/2017					K Kus /h						
27. Treasure	r's Acc	eptance of Appo	ointment (fill in the	blanks ag	d check th	e appropria	ate block)			
I, Janetha Graham, do hereby acce								ept the appo	ointmen	ıt	
(Please Print or Type Name)											
designated above as: X Campaign Treasurer Deputy Treasurer.											
10/9/17 Danitia Mahan											
/ / Date	:		/6	ignature	e of Campa	aign Treasu	urer or Dec	outy Treasu	rer		