

**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.

RECEIVED

2018 FEB -6 PM 2:01

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)

Carl B. Zalak III

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

605 NE 14 Street, Ocala, FL 34470

4. Telephone

(352) 266-4846

5. E-mail address

VoteZalak@gmail.com

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

County Commission District 4

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

Carl B. Zalak III

11. Mailing Address

605 NE 14 Street

12. Telephone

(352) 266-4846

13. City

Ocala

14. County

Marion

15. State

Florida

16. Zip Code

34470

17. E-mail address

VoteZalak@gmail.com

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

19. Name of Bank

CBC National Bank

20. Address

910 SW 1st Ave

21. City

Ocala

22. County

Marion

23. State

Florida

24. Zip Code

34471

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

2/6/2018

26. Signature of Candidate

X 

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


I, Carl B. Zalak III, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/6/2018

Date

X


Signature of Campaign Treasurer or Deputy Treasurer