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

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SUPERVISOR OF ELECTIONS MARION COUNTY FLORIDA

OFFICE USE ONLY

officer perote opening the	oumpa	igii account.								OFFIC	EUSE	CIVE	
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) 3. Address (include post office box or street, city, state, zip													
WILLIAM EDWARD RAMPUTI						code) 5441 SE 18 th LANE							
										16			
4. Telephone		i. E-mail address VILLIAM RAMPUT © VAHCO. (CM				OCALA, FZ 34480							
(314) = 14 333													
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if								
COUNTY COURT JUDGE - Z					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 Party candidate.													
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer													
10. Name of Treasurer or Deputy Treasurer DAVID ARNOLD													
11. Mailing Address 12. Telephone													
621 SE 52 12 CT						(352)804 0780							
The state of the s		ounty 15. St		ate			17. E-mail address						
OCALA	OCALA FL ST				34471 DAVIDARNOLD 23 QYAHOO, COM							O, COM	
18. I have designated the	Primary Depository Secondary Depository												
19. Name of Bank					20. Address								
SUNTRUST					203 E. SILVER SPRGS BLVD								
21. City	ity 22 OCALA		22. County		23. State		-0			24. Zip Code			
UCACA	OCALA MARION				FLORIDA					34470			
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 2/16/18					26. Signature of Candidate								
					X Chrys								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
I,													
(Please Print or Type Name)													
designated above as: Campaign Treasurer Deputy Treasurer.													
2/16/18 X 20 A													
Date Signature of Campaign Treasurer or Deputy Treasurer													