

**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  
HARISON 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)

LeAnn Patrice Mackey-Barnes

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

8141 SW 56th Ter  
Ocala FL 34476

**4. Telephone**

(352) 622-1200

**5. E-mail address**

lflow\_2002@yahoo.com

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

County Court Judge Group 3

**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    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**

☒ Campaign Treasurer    ☒ Deputy Treasurer

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

Ebony Burton

**11. Mailing Address**

2658 NW 165th Street

**12. Telephone**

(352) 207-7967

**13. City**

Citra

**14. County**

Marion

**15. State**

FL

**16. Zip Code**

32113

**17. E-mail address**

EMBURTON@WindStream.net

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Campana USA Credit Union

**20. Address**

5350 SW College Rd

**21. City**

Ocala

**22. County**

Marion

**23. State**

FL

**24. Zip Code**

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**

2/23/18

**26. Signature of Candidate**

X 

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

I, Ebony Burton, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☒ Deputy Treasurer.

2/23/18

Date

X



Signature of Campaign Treasurer or Deputy Treasurer