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

2019 FEB -5 PM 3: 18

SUPERVISOR OF ELECTRISS MARION COUNTY, FLORIDA

officer before opening the campaign account.							100		OFFI	CE USE	ONLY	
1. CHECK APPROPRIATE	BOX(ES):											
Initial Filing of Form	Re-filing	to Change:	☐ Tre	easure	r/Deputy	X	Deposito	ory 🔲	Office		Party	
2. Name of Candidate (in t	3. Address (include post office box or street, city, state, zip											
David Moore					code)							
4. Telephone		1124 SE 33rd Ave, Ocala, FL 34471										
(352) 8773099					aia, i E 0		•					
6. Office sought (include d	7. If a candidate for a <u>nonpartisan</u> office, check if											
Marion County Property		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 ☐ RepublicanParty candidate.										,		
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer												
David Moore												
11. Mailing Address					12. Tele	ohone						
1124 SE 33rd Ave								(352)	87730)99		
13. City	City 14. County		15. Stat	e 1	6. Zip Code 17. E-mail address							
Ocala Marion			FL	34471								
18. I have designated the following bank as my												
19. Name of Bank 20. Address												
Ameris Bank				2601 SE Maricamp Road								
21. City					23. State				24. Zip Code			
Ocala			FL				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				26. Sig	nature of	Cano	didate					
							M	vorl				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
1,				. do her	eby accen	t the ann	ointmer	nt				
, do hereby accept the appointment (Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
1-5-19 x 8/il More												
Date	Signati	re of Cam	naid	n Treasure	er or Denu	tv Treasi	ırer					