

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

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SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

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)  
Shelia Arnett

**3. Address** (include post office box or street, city, state, zip code)  
2721 SW 34th Ave  
Ocala, FL 34474

**4. Telephone**  
(352 ) 209-1037

**5. E-mail address**  
sarnett@mfi.net

**6. Office sought** (include district, circuit, group number)  
School Board, District 1

**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     <sup>SA</sup> 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**  
Shelia Arnett

**11. Mailing Address**  
2721 SW 34th Ave

**12. Telephone**  
( 352 ) 209-1037

**13. City**  
Ocala

**14. County**  
Marion

**15. State**  
FL

**16. Zip Code**  
34474

**17. E-mail address**  
sarnett@mfi.net

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

**19. Name of Bank**  
Community Bank & Trust

**20. Address**  
1520 E Silver Springs Blvd

**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**

3/7/19

**26. Signature of Candidate**

X *Shelia Arnett*

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

I, Shelia Arnett, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

3/7/19  
Date

X *Shelia Arnett*  
Signature of Campaign Treasurer or Deputy Treasurer