

**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)

Michael J. Saxe

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

[REDACTED]

**4. Telephone**

[REDACTED]

**5. E-mail address**

[REDACTED]

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

County Commission 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     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**

Michael J. Saxe

**11. Mailing Address**

**12. Telephone**

( )

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

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

**19. Name of Bank**

Citizens First Bank

**20. Address**

8590 SE 165th Avenue LN

**21. City**

**22. County**

**23. State**

**24. Zip Code**

The Villages FL

Marion

FL 32162

32162

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**

7/20/2020

**26. Signature of Candidate**

X [Signature]

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

I, Michael J. Saxe, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

7/20/2020  
Date

X [Signature]  
Signature of Campaign Treasurer or Deputy Treasurer