

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

2019 APR -5 PM 2:30

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 MARTIN BEHAR

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

4560 SE 120<sup>TH</sup> ST  
BELLEVUE FL  
34420

**4. Telephone**

(352) 427-8607

**5. E-mail address**

MWBEHAR@GMAIL.COM

**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 MARTIN BEHAR

**11. Mailing Address**

4560 SE 120<sup>TH</sup> ST

**12. Telephone**

(352) 427-8607

**13. City**

BELLEVUE

**14. County**

MARION

**15. State**

FL

**16. Zip Code**

34420

**17. E-mail address**

MWBEHAR@GMAIL.COM

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

**19. Name of Bank**

CENTER STATE BANK

**20. Address**

1632 E SILVER SPRINGS BLVD

**21. City**

OCALA

**22. County**

MARION

**23. State**

FLORIDA

**24. Zip Code**

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**

4-5-19

**26. Signature of Candidate**

Michael M. Behar

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

I, MICHAEL M. BEHAR, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

4-5-19

Date

Michael M. Behar

Signature of Campaign Treasurer or Deputy Treasurer