

**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  
MARION 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)

Carl Zakak III

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

605 Ne 14 Street  
Ocala, FL 34470

**4. Telephone**

(352) 266-4846

**5. E-mail address**

VoteZakak@gmail.com

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

Clerk Of The Circuit Court & Comptroller

**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**

Rob Relinger

**11. Mailing Address**

5860 W Highway 40

**12. Telephone**

(631) 806 7782

**13. City**

Ocala

**14. County**

Marion

**15. State**

FL

**16. Zip Code**

34482

**17. E-mail address**

relinger\_r@ffbf.com

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

**19. Name of Bank**

First Federal Bank

**20. Address**

5860 W Highway 40

**21. City**

Ocala

**22. County**

Marion

**23. State**

FL

**24. Zip Code**

34482

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**

4/8/19

**26. Signature of Candidate**

X 

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

I,  Rob Relinger, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

4/8/19

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer