## 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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CITY OF OCALA, FLORIDA

CITY CLERK

| officer before opening th  |  | OFFICE USE ONLY                              |           |           |   |   |           |            |        |           |        |       |  |
|--|--|--|-----------|-----------|---|---|-----------|------------|--------|-----------|--------|-------|--|
| 1. CHECK APPROPRIATE  Initial Filing of Form   | 0.00   | E <b>S):</b><br>le-filing to Change          | e: 🗖      | Trea      | asurer/   | Deputy F  | Deposi    | tory [     |        | Office    |        | Party |  |
|  | 1  | The same of the same of                      |           |           |   |   |           |            |        |           |        |       |  |
| Name of Candidate (in this order: First, Middle, Last)     Kent Guinn  |  |  |           |           |   | 3. Address (include post office box or street, city, state, zip code) |           |            |        |           |        |       |  |
|  |  |  |           |           |   | 320 NW 3rd Ave  |           |            |        |           |        |       |  |
| 4. Telephone   | 5. E-mail address  |  |           |           | Ocal  | a, Florida  | 34475     |            |        |           |        |       |  |
| (352 ) 572-0312  | _  | uinn@icloud.c                                |           |           |   |   |           |            |        |           |        |       |  |
| 6. Office sought (include district, circuit, group number)   |  |  |           |           | 7. If a candidate for a <u>nonpartisan</u> office, check if |   |           |            |        |           |        |       |  |
| Mayor of Ocala   |  |  |           |           |   | 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 F  | Party Aft  | filiation                                    |           |           | ·   |   |           | Pa         | arty   | candi     | idate. |       |  |
| 9. I have appointed the following person to act as my  |  |  |           |           |   |   |           |            |        |           |        |       |  |
| 10. Name of Treasurer or Deputy Treasurer  |  |  |           |           |   |   |           |            |        |           |        |       |  |
| Noreen A. Fenner   |  |  |           |           |   |   |           |            |        |           |        |       |  |
| 11. Mailing Address  | 12. Telephone  |  |           |           |   |   |           |            |        |           |        |       |  |
| 1103 Hays Street   |  |  |           | ( 850     | ) 2   | 12-022  | 6         |            |        |           |        |       |  |
| 13. City   | 14. County   |  | 15. State |           | 1   | . Zip Code 17. E-mail address   |           |            |        |           |        |       |  |
| Florida Leon Florida   |  |  |           | a         | 32301 noreen@pacfm.net                                      |   |           |            |        |           |        |       |  |
|  |  |  |           |           |   | ry Depositor  | ry 🗌      | Seconda    | ary [  | Deposito  | ry     |       |  |
|  |  |  |           |           |   | 0. Address  |           |            |        |           |        |       |  |
| The state of the s |  |  |           |           |   | 3621 Apalachee Parkway  |           |            |        |           |        |       |  |
| 21. City   | 22. County   |  |           | 23. State |   |   |           |            | 1      | I. Zip Co | de     |       |  |
| allahassee Leon  |  |  |           |           | Florida   |   |           |            |        | 32311     |        |       |  |
| 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   |  |  |           |           |   | 26. Signature of Candidate  |           |            |        |           |        |       |  |
| 04/23/2019   |  |  |           |           | X (ax)  |   |           |            |        |           |        |       |  |
| 27. Treasure   | r's Acce   | eptance of Appo                              | intmen    | t (fill   | in the  | blanks and  | check the | appropriat | e bl   | lock)     |        |       |  |
| ı, Noreen A. Fenner  |  |  |           |           |   |   | do her    | ehy accer  | ot the | o appoin  | tmant  |       |  |
| (Please Print or Type Name) , do hereby accept the appointment   |  |  |           |           |   |   |           |            |        |           |        |       |  |
| designated above as: Campaign Treasurer Deputy Treasurer.  |  |  |           |           |   |   |           |            |        |           |        |       |  |
| 5/1/19 X   |  |  |           |           |   |   |           |            |        |           |        |       |  |
|  |  |  |           |           |   |   |           |            |        |           |        | _     |  |
| 2 0.10   | Date Signature of Campaign Treasurer or Deputy Treasurer |  |           |           |   |   |           |            |        |           |        |       |  |