

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

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

(PLEASE PRINT OR TYPE)

RECEIVED  
2019 MAY 35 P 4:48  
June 4  
CITY OF OCALA, FLORIDA  
CITY CLERK

**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)

*Lonnice Hooks III*

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

*P.O. Box 1483  
Ocala, FL 34478-1483*

4. Telephone

*(407) 995-6617*

5. E-mail address

*Lonnice.Hooks@Ocala.com*

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

*City Council District 2*

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     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

*Margie Baxley*

11. Mailing Address

*3218 SW 34th Ave Cir*

12. Telephone

( )

13. City

*Ocala*

14. County

*Marion*

15. State

*FL*

16. Zip Code

*34474*

17. E-mail address

*mpbaxley@yahoo.com*

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

19. Name of Bank

*Regions Bank*

20. Address

*612 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

*06/04/19*

26. Signature of Candidate

**X** *[Signature]*

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

I, *MARGIE BAXLEY*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*06/04/19*  
Date

**X** *Margie Baxley*  
Signature of Campaign Treasurer or Deputy Treasurer