

**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)

Cynthia Anne Moody

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

4522 N.E. 13th Street Ocala, Florida 34470

4. Telephone

(352) 361-4475

5. E-mail address

camoody@cox.net

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

Marion County Clerk of the Court and 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 ☒ Democrat _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Otto Hoel

11. Mailing Address

4522 N.E. 13th Street

12. Telephone

(352) 361-4486

13. City

Ocala

14. County

Marion

15. State

Florida

16. Zip Code

34470

17. E-mail address

ottohoel@gmail.com

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

19. Name of Bank

Campus USA Credit Union

20. Address

2444 East Silver Springs Boulevard

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

July 19, 2019

26. Signature of Candidate

X

Cynthia A. Moody

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

I, Otto Hoel, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

July 19, 2019

Date

X

Otto Hoel
Signature of Campaign Treasurer or Deputy Treasurer