

**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)

Dr. Todd Yocum

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

P.O. Box 773062  
Ocala, FL 34477-3062

**4. Telephone**

(352) 501-1227

**5. E-mail address**

yocum4marion@gmail.com

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

Marion County School Board  
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**

Todd Yocum

**11. Mailing Address**

P.O. Box 773062 Ocala, FL 34477

**12. Telephone**

(352) 501-1227

**13. City**

Ocala

**14. County**

Marion

**15. State**

FL

**16. Zip Code**

34477

**17. E-mail address**

yocum4marion@gmail.com

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

**19. Name of Bank**

Community Bank and Trust of Florida

**20. Address**

1603 SW 19<sup>th</sup> Ave

**21. City**

Ocala

**22. County**

Marion

**23. State**

Florida

**24. Zip Code**

34477

**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**

9/3/2019

**26. Signature of Candidate**

X

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

I, Todd Yocum, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

9/3/2019

Date

X

Signature of Campaign Treasurer or Deputy Treasurer