

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

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

(PLEASE PRINT OR TYPE)

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SUPERVISOR OF ELECTIONS  
MARION COUNTY, FLORIDA

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)

Bob McCall

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

1425 SE 43rd Ave

4. Telephone

(352) 266-7811

5. E-mail address

Bob.McCall@cox.net

Ocala, FL 34471

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

Marion County Precinct Appraiser

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

Bob McCall

11. Mailing Address

PO Box 3372 Ocala FL 34474

12. Telephone

(352) 266-7811

13. City

Ocala

14. County

Marion

15. State

FL

16. Zip Code

34474

17. E-mail address

Bob.McCall@cox.net

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

19. Name of Bank

Community Bank of Florida

20. Address

1603 SW 19th Ave

21. City

Ocala

22. County

Marion

23. State

FL

24. Zip Code

34471

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

10/10/2019

26. Signature of Candidate

X [Signature]

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

I, Bob McCall, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

10/10/2019  
Date

X [Signature]  
Signature of Campaign Treasurer or Deputy Treasurer