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.

RECEIVED

2019 NOV 13 PM 1:08

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)
Bob McCall

3. Address (include post office box or street, city, state, zip code)
1475 SE 43rd Avenue
Ocala, Fl 34471

4. Telephone
(352) 266-7811

5. E-mail address
bob.mccall@cox.net

6. Office sought (include district, circuit, group number)
Marion County Property 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
William R. Gilchrist Jr.

11. Mailing Address
1546 SE 11th Street

12. Telephone
(352) 427-5620

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Ocala	Marion	FL	34471	billy.gilchrist@hdghotels.com

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

19. Name of Bank
Community Bank & Trust

20. Address
1603 SU 19th Ave

21. City	22. County	23. State	24. Zip Code
Ocala	Marion	Florida	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
11/13/2019

26. Signature of Candidate
X

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

I, ___William R. Gilchrist Jr.___ , do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

___11/07/2019___   X _____
Date   Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)   Rule 1S-2.0001, F.A.C.