

**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)

Lori Jean Conrad

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

845 SE 24<sup>th</sup> Terr  
Ocala, FL 34471

**4. Telephone**

(352) 816-0928

**5. E-mail address**

lori.conrad@marion.k12.fl.us

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

School Board District 1

**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**

Lori Jean Conrad

**11. Mailing Address**

845 SE 24<sup>th</sup> Terrace

**12. Telephone**

(352) 816-0928

**13. City**

Ocala

**14. County**

Marion

**15. State**

FL

**16. Zip Code**

34471

**17. E-mail address**

lori.conrad@marion.k12.

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

FL US

**19. Name of Bank**

Regions Bank

**20. Address**

1700 SE 17<sup>th</sup> Street

**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**

January 2, 2020

**26. Signature of Candidate**

X Lori J Conrad

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

I, Lori Conrad, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

1-2-20

Date

X

Lori J Conrad

Signature of Campaign Treasurer or Deputy Treasurer