

**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)

Randy Osborne

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

4203 NW Hwy 225A  
Ocala FL 34482

4. Telephone

(352) 572-7598

5. E-mail address

randy0.rece@gmail.com

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

STATE Committeeman Marion County

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

Randy Osborne

11. Mailing Address

4203 NW Hwy 225A

12. Telephone

(352) 572-7598

13. City

Ocala

14. County

Marion

15. State

FL

16. Zip Code

34482

17. E-mail address

randy0.rece@gmail.com

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

19. Name of Bank

Florida Credit Union

20. Address

3504 E. Silver Springs Blvd

21. City

Ocala

22. County

Marion

23. State

FL

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

6/12/2020

26. Signature of Candidate

X 

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

I, Randy Osborne, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/12/2020  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer