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

CAUS VED . 2021 APR 15 P 3:27 CITY OF OCALA, FLORIDA CITY CLERK

officer before opening th							OFFICE	USE	ONLY						
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party															
Name of Candidate (in this order: First, Middle, Last) Kent Guinn					Address (include post office box or street, city, state, zip code) 320 NW 3rd Ave										
4. Telephone	. Telephone 5. E-mail address					Ocala, Florida 34475									
(352) 572-0312	, , , , , , , , , , , , , , , , , , , ,														
6. Office sought (include of Mayor of Ocala		7. If a candidate for a <u>nonpartisan</u> 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															
10. Name of Treasurer or Deputy Treasurer Noreen A Fenner															
11. Mailing Address		12. Telephone													
1103 Hays Street		(850) 212-0226													
13. City	14. County		15. State			16. Zip Code		17. E-mail address							
Tallahassee Leon Florida					32301 noreen@pacfm.					t					
18. I have designated the following bank as my															
					0. Address										
SunTrust Bank	3522	22 Thomasville Road													
21. City	22. County			23. State					24. Zip Code						
Tallahassee	Leon				Florida					32309					
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 //	26. 9	. Signature of Candidate													
4/15/2021 X					Lat Di										
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)															
I,, do hereby accept the appointment															
(Please Print or Type Name)															
designated above as:															
Date Signature of Campaign Treasurer or Deputy Treasurer															
Date				Date Signature of Campaign Treasurer or Deputy Treasurer											