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

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CITY OF QUALA, FLORIDA CITY CLERK

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change: 🔲 T	reasurer/Deputy Depository Deffice Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
Manal Fakhoury	PO BOX 4428 Ocala, Fl. 24472
4 - 1 	Dealar Fl. 2007
(352) 266-1268 manal, 22cogmail	1. com 34918
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Mayor - City of Oca	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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	
11. Mailing Address	12. Telephone
1130 71, E. 4" Stre	et (352) 207-8396
13. City OCAL 14. County 15. Sta	
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank 20. Address 1700 SE 17th Street	
21. City Ocala 22. County Marion	23. State 24. Zip Code 3447
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. Signature of Candidate
7-1-21	X manis
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, LISA REILLY	, do hereby accept the appointment
(Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.	
	r Deputy Treasurer.
	Signature of Campaign Treasurer or Deputy Treasurer
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