

**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.

2021 JUL 23 P 1:5  
CITY OF OCALA  
CITY CLERK  
af  
2021 AUG -2 P 3:30  
CITY OF OCALA  
CITY CLERK

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 Martin Gregory

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

1621 NE 2nd St. #503  
Ocala, FL 34470

**4. Telephone**

(310) 9624846

**5. E-mail address**

@gmail.  
Lori.MartinGregory.com

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

City Council Dist. 4

**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**

Dawn Wallace

**11. Mailing Address**

6969 SE 14 Court

**12. Telephone**

(352) 816 0854

**13. City**

Ocala

**14. County**

Marion

**15. State**

FL

**16. Zip Code**

34480

**17. E-mail address**

kevindawn@cox.net

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

**19. Name of Bank**

Mainstreet Bank

**20. Address**

112 N. Magnolia Ave.

**21. City**

Ocala

**22. County**

Marion

**23. State**

FL

**24. Zip Code**

34475

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**

8/2/21

**26. Signature of Candidate**

X 

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

I, DAWN WALLACE, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer

☐ Deputy Treasurer.

8/2/21

Date

X



Signature of Campaign Treasurer or Deputy Treasurer