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 OGALA, 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: Treasurer/Deputy Depository Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 926 SE 12THST 4. Telephone OCALA FL 34471 (352) 804 0306 Fitosorocala a Gmail com 7. If a candidate for a nonpartisan office, check if CITY COUNCIL - DISTRICT 4 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 Partv candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer BARBARA 11. Mailing Address iling Address $976 SE 12^{TH} ST$ (352) $976 SE 12^{TH} ST$ (352) $976 SE 12^{TH} ST$ 14. County 15. State 16. Zip Code 17. E-mail address 17. E-mail address12. Telephone (352) 804 0306 13. City 34471 Fitosprocala (agmail Com 18. I have designated the following bank as my Primary Depository 19. Name of Bank 20. Address MAINSTREET CUMMUNITY BANK 1/2 N MAGNOLIA 1 22. County | 23. State | 2 21. City 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 07/16/21 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. BARBARA FITOS , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer 07/16/21

Signature of Campaign Treasurer or Deputy Treasurer