

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

REC'D OCT 5 '23 PM8:45  
MARION COUNTY SOE

**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)

Joan Michelle Stone

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

5170 NW 110th Ave  
Ocala, FL 34482

4. Telephone

5. E-mail address

(352) 266-5949    michellestone@embargmail.com

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

Marion County Commissioner, District 5

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

Joan Michelle Stone

11. Mailing Address

5170 NW 110th Ave

12. Telephone

(352) 266-5949

13. City

Ocala

14. County

Marion

15. State

FL

16. Zip Code

34482

17. E-mail address

michellestone@embargmail.com

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

19. Name of Bank

South State Bank

20. Address

1632 E Silver Springs Blvd

21. City

Ocala

22. County

Marion

23. State

FL

24. Zip Code

34471

**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

10/5/2023

26. Signature of Candidate

X

Joan Michelle Stone

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

I, Joan "Michelle" Stone, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer.     Deputy Treasurer.

10/5/2023  
Date

X

Joan Michelle Stone  
Signature of Campaign Treasurer or Deputy Treasurer