

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

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

(PLEASE PRINT OR TYPE)

REC'D JAN 3 '24 AM 11:09
MARION COUNTY SUE

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Lori Jean Conrad

3. Address (include PO Box or Street, City, State, Zip Code):

13140 E HWY 25
Ocklawaha, FL 32179

4. Telephone:

(352) 816-0928

5. Candidate's Voter Registration #:

105585182
(not required for qualifying purposes)

6. Email Address:

tlconrad@aol.com

7. Office Sought (include district, circuit, group, or seat #):

Marion County School Board Dist. 2

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Cindy Ellis

12. Telephone:

(352) 812-2435

13. Email Address:

ckefam@aol.com

14. Mailing Address:

1808 SE 7th Street

15. City:

Ocala

16. State:

FL

17. Zip Code:

34471

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

First Federal Bank

20. Address:

910 SW 1st Avenue

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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

1/3/24

26. Signature of Candidate:

X Lori Conrad

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

I, Cindy Ellis do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1/3/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 