

**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.**

**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)

BRAD SHANE Gable

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

139 GARDNER DR  
SHALIMAR, FL. 32579

**4. Telephone**

(850) 582-2773

**5. E-mail address**

BRAD@BRADGABLE.COM

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

Commissioner

**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**

BRAD Gable

**11. Mailing Address**

Same as Above

**12. Telephone**

( )

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

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

**19. Name of Bank**

FNB

**20. Address**

29 EGIN PARKWAY

**21. City**

**22. County**

**23. State**

**24. Zip Code**

Fort Walton Beach OKALOOSA

FL

32579-48

**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**

12-20-18

**26. Signature of Candidate**

X Brad Gable

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

I, BRAD Gable, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:    Campaign Treasurer    Deputy Treasurer.

12-20-18

Date

X Brad Gable

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

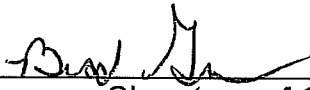
(Please print or type)

OFFICE USE ONLY

I, BRAD Gable,

candidate for the office of TOWN COMMISSIONER;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

12-20-18  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).