

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**  
SUPERVISOR OF ELECTIONS

2019 JUL 30 A 10:53

**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)

Graham W. Fountain

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

Post office box  
183, Crestview Fl. 32536

**4. Telephone**

(850) 830-0002

**5. E-mail address**

graham.fountain@cox.net

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

Okaloosa Co. Commissioner  
A-1

**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**

Graham W. Fountain

**11. Mailing Address**

P.O. Box 183

**12. Telephone**

(850) 830-0002

**13. City**

Crestview

**14. County**

Okaloosa

**15. State**

Fl.

**16. Zip Code**

32536

**17. E-mail address**

graham.fountain@cox.net

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

**19. Name of Bank**

CCB Community Bank

**20. Address**

1290 N. Feidon Blvd.

**21. City**

Crestview

**22. County**

Okaloosa

**23. State**

Florida

**24. Zip Code**

32536

**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**

7/30/19

**26. Signature of Candidate**

**X**

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

I, Graham W. Fountain, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

7/30/19

Date

**X**

Signature of Campaign Treasurer or Deputy Treasurer

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

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

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**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)**

Graham W. Fountain

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

Post Office Box 183, Crestview Fl. 32536

**4. Telephone**

(850 ) 830-0002

**5. E-mail address**

grahamfountain@cox.net

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

Okaloosa County Commissioner-District 1

**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**

Becky Hilgenburg Horne

**11. Mailing Address**

CCB Bank, 1290 N. Ferdon Blvd

**12. Telephone**

( 850 ) 902-1066

**13. City**

Crestview

**14. County**

Okaloosa

**15. State**

FL

**16. Zip Code**

32536

**17. E-mail address**

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

**19. Name of Bank**

CCB Community Bank

**20. Address**

1290 N. Ferdon Blvd

**21. City**

Crestview

**22. County**

Okaloosa

**23. State**

Florida

**24. Zip Code**

32535

**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**

7/29/19

**26. Signature of Candidate**



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

I, Becky Hilgenburg Horne, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

7/30/19  
Date

Becky Hilgenburg Horne  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS

2019 JUL 30 A 10:53

I, Graham W. Fountain,

candidate for the office of Okaloosa County Commissioner ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

7/30/19

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).