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.

2019 AUG -5 AM 9: 48

OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Treasurer/Deputy Depository Initial Filing of Form Re-filing to Change: 7 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) ER'L SCOTT ADEN

10ne 5. E-mail address P.O. Box 927 4. Telephone (850)259-7593 gdenforsheriff@gma:1-com SHALIMAR, FL 32579 7. If a candidate for a nonpartisan office, check if applicable: Sheriff's Office 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 TY KepubliCAN No Party Affiliation Write-In Partv candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer ERIL ADEN 11. Mailing Address 12. Telephone 9.0, BOX 927

13. City

14. County

15. State

54alimer

0KALOOSA

FL (850)259-75 16. Zip Code 17. E-mail address 15. State 32579 Primary Depository 18. I have designated the following bank as my 19. Name of Bank 20. Address 94 Eglin PARKWAY
23. State
VL OKALOOSA 32547 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 8/2/19 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. (Please Print or Type Name) , do hereby accept the appointment Deputy Treasurer. designated above as: Campaign Treasurer Signature of Campaign Treasurer or Deputy Treasurer

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officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
☐ Initial Filing of Form Re-filing to Change: ☐ T	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
ERIC SCOTT ADEN 4. Telephone 5. E-mail address	code) P. O. BOX 927
4. Telephone 5. E-mail address	SHALIMAR FL 22579
4. Telephone 5. E-mail address (850) 257-7593 Adents rsheritagmail. om 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
Sheriffs Office	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 ☐ Rep	publican Party candidate.
9. I have appointed the following person to act as my	
10. Name of Treasurer or Deputy Treasurer	
DIANNE ADEN	
11. Mailing Address	12. Telephone
P.O. BOX 927 13. City 14. County 15. Sta Shalimar OKALGGSA FL	(850) 259 - 7593
13. City 14. County 15. Sta	
ShaliMAR OKALGGSA FL	32579 adentirsheritt 6gmail.com
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank 20. Address	
HANCOCK BANK	94 EGIN TARKWAY
21. City 22. County FORT WALTON BEACH OKALOOSA	20. Address 94 EAIN PARKWAY 23. State 24. Zip Code
FORT WALTON BENCH ORALBOSA	32093
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
8/2/19	X hm/
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, DIANNE ADEN (Please Print or Type Name)	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Treasurer.	
8/2/19 X Dianne aden	
Date	Signature of Campaign Treasurer or Deputy Treasurer