

**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.

RECEIVED
JULY 2019
2019 AUG -5 AM 9:48

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)

ERIE SCOTT ADEN

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

P.O. Box 927

4. Telephone

(850) 259-7593

5. E-mail address

adenforsheriff@gmail.com

SHALIMAR, FL 32579

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

Sheriff's Office

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

ERIE ADEN

11. Mailing Address

P.O. Box 927

12. Telephone

(850) 259-7593

13. City

Shalimar

14. County

OKALOOSA

15. State

FL

16. Zip Code

32579

17. E-mail address

adenforsheriff@gmail.com

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

19. Name of Bank

HANCOCK BANK

20. Address

94 EGLIN PARKWAY

21. City

FOOT WALTON BEACH

22. County

OKALOOSA

23. State

FL

24. Zip Code

32548

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

8/2/19

26. Signature of Candidate

X 

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

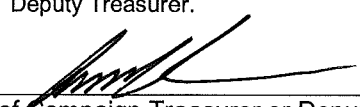
I, ERIE ADEN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

8/2/19

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

ERIC SCOTT ADEN

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

P.O. BOX 927

4. Telephone

(850) 259-7593

5. E-mail address

adenforsheriff@gmail.com

SHALIMAR, FL 32579

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

Sheriff's Office

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☐ My intent is to run as a Write-In candidate.

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9. I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

DIANNE ADEN

11. Mailing Address

P.O. BOX 927

12. Telephone

(850) 259-7593

13. City

SHALIMAR

14. County

OKALOOSA

15. State

FL

16. Zip Code

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25. Date

8/2/19

26. Signature of Candidate

X 

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

I, DIANNE ADEN, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

8/2/19

Date

X Dianne Aden

Signature of Campaign Treasurer or Deputy Treasurer