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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2019 OCT -2 A 10: 50

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE	<b>USE ONLY</b>
,	
	19417971111

1. CHECK APPROPRIATE BOX(ES):				
Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Par				
2. Name of Candidate (in this order: First, Middle, Last)  3. Address (include post office box or street, city, state, zip				
Marcus Paniel Chambers				
4. Telephone 5. E-mail address 804 Coldwater Creck Cir.				
(850) U87-9818 Chambers 25 marcus C gmail com Niceville, FL 32578				
6. Office sought (include district, circuit, group number)  7. If a candidate for a nonpartisan office, check if				
applicable:				
Superintendent of Schools 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				
Marcus Chambers				
11. Mailing Address  12. Telephone				
844 Coldwater Creek Cir (850) 487-9818				
13. City 14. County 15. State 16. Zip Code 17. E-mail address				
Nicerille Dkalopsa FL 32578 Chambers 25 marcus e gmail. com				
18. I have designated the following bank as my Primary Depository Secondary Depository				
19. Name of Bank  20. Address				
Tirst National Bank & Trust (FNBT) 29 Eglin Pkwy NE  21. City 22. County J 23. State 24 Zin Code				
24. 219 0000				
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				
10/2/19 X Max Un				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
, do hereby accept the appointment				
(Please Print or Type Name)				
designated above as: Campaign Treasurer Deputy Treasurer.				
1012119 X M				
Date Signature of Campaign Treasurer or Deputy Treasurer				

## 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 SUPERVISOR OF ELECTIONS

ZO19 OCT -2 A 10: 50

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Party Office 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip Marcus Daniel 4. Telephone 5. E-mail address 864 Coldwater Creek Cir. Chambers 25 marcus Egmail. (850) 487-9819 Niceville FL 32578 6. Office sought (include district, circuit, group number) 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 Republican 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 Amber L. Floyd 11 Mailing Address 12. Telephone 606 Kilcullen Dr. (850)502-7297 13. City 14. County 15. State 16. Zip Code 17. E-mail address 32518 Dkalnosa 3 uga air Is C amail com 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 29 Eglin Pkw First National Bank of Trust (FNBT)

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

21. City

26. Signature of Candidate

10/2/19

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

Amber L. Floyd	, do hereby accept the appointment
(Please Print or Type Name)	

designated above as:

Ft. Walton Beach

X	Campaign	Treasurer
	Campaign	i i casulci

Deputy Treasurer.

Signature of Campaign Treasurer or Deputy Treasurer

24. Zip Code

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

## OFFICE USE ONLY

SUPERVISOR OF ELECTIONS

2019 OCT -2 A 10: 50

I, Marcus D. Chambers
candidate for the office of Superintendent of Schools;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
x May than 10/2/19
Signature of Candidate 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).