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

(PLEASE PRINT OR TYPE)

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

RECEIVED

2023 OCT -5 AM 9: 04

SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

NOTE: This form must be on file with the qualifying officer before opening the campaign account.								OFFIC	E 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	3. Address (include post office box or street, city, state, zip									
Danielle Marolf					code) Post Office Box 8516					
4. Telephone	5. E-mail address			Ser	Seminole, Florida 33775					
1727 1595-5457	votedani	ellemarolf@gmai	l.com							
 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										
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 Kim Bailes										
11. Mailing Address 12. Telephone 1103 Hays Street (850) 212-0226									-0226	
13. City	14. County		15. Sta		16. Zip Code	17. E-mail address				
Tailahassee			Florid		32301 noreen@pacfm.net					
18. I have designated the following bank as my Primary Depository Secondary Depository										
15. Name of Bank					20. Address 2051 Thomasville Road					
21. City				23. State				24. Zip C	ode	
Tallahassee Leon					Florida			32308		
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. Si	26. Signature of Candidate					
10/05/2023					X Which					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
Kim Bailes					, do hereby accept the appointment					
(Please Print or Type Name)										
designated above as: Campaign Treasurer. Deputy Treasurer.										
X Signature of Campaign Treasurer or Deputy Treasurer										
Dat	e			Signal	uie oi Campa	ign riedaulei	o, sope			