APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITIORY FOR CANDIDATES (Section 106 021(1), F.S.) (PLEASE PRINT OR TYPE)  2024 JUN 11 ##9:34    NOTE: This form must be on file with the filing officer before opening the campaign account.  OFFICE USE ONLY    Initial Filing of Form  Refling to Change:  I'reasurer/Deputy  Depository  Onfice  Party    1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form  Refling to Change:  I'reasurer/Deputy  Depository  Onfice  Party    2. Name of Candidate (in this order: First, Middle, Last): prease Print (Type Name)  3. Address (include PO Box or Street, City, State, Zip Eode): SAIP & HathbertOn  Rodal    Mari YA  Call KINS  Is. Candidate's Voter Registration ft:  6. Email Address:  Yes Call Kins & gona'i Com (Stop) 320  6. Candidate's Come as at ft:  8. If a candidate for a <u>anoparitano</u> office, check the box is far palicable:    7. Office Sought (include Guidate, Circult, group, or seat ft):  B. If a candidate for a <u>anoparitano</u> office, check the box and fill in the name of the party as applicable:  Party candidate.    9. Have appointed the following person to act as my:  Candidate, State:  Yes Call Kins & Gaste's ( State: State: State:  Yes Code: State:    11. Have designated the following bank as my (check appropriate box):  I'reasurer  Deputy Treasurer    11. Ha		
OFFICE USE ONLY    OFFICE USE ONLY <th>AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES</th> <th></th>	AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES	
opening the campaign account  OFFICE USE ONLY    1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form [Re-filing to Change: [I] Treasurer/Deputy ] Depository ] Office ] Party    2. Name of Candidate (in this order: First, Middle, Last):  3. Address (include PO Box or Street, City, State, Zip Eode):    5. Hard of Gandidate (in this order: First, Middle, Last):  3. Address (include PO Box or Street, City, State, Zip Eode):    6. Free Sought (include distinct, circuit, group, or seat #):  (include distinct, circuit, group, or seat #):  (include distinct, circuit, group, or seat #):    7. Office Sought (include distinct, circuit, group, or seat #):  8. If a candidate for anonantisan office, check the box and fill in the name of the party as applicable:  10. Interaction office, check the box and fill in the name of the party as applicable:  11. Intern to run as a Write-In Candidate.    9. If a candidate for on antisan office, check the box and fill in the name of the party as applicable:  13. Email Address:  20. Address;    10. I have appointed the following person to act as my:  WCampaign Treasurer  13. Email Address:  33. State:  17. Zip Code;    11. Mame of Treasurer or Deputy Treasurer:  16. City:  16. State:  17. Zip Code;  33. State:  24. Zip Code;    12. Made for Realing Address:  15. City:  16. State:  17. Zip Code;  33. State:  24. Zip Code;	(PLEASE PRINT OR TYPE)	2024 JUN 11 AM9:34
□ Initial Filing of Form  □ Re-filing to Change:  If treasurer/Deputy  □ Depository  □ Office  □ Party    2. Name of Candidate (in this order: First, Middle, Last): (Please Print of Type Name)  3. Address (include PO Box or Street, City, State, Zip Code): 5496  5496  HarthPertOn  ROAD    4. Telephone: (\$50, 380  6273  Image: Street, City, State, Zip Code): (Include district, circuit, group, or seat #): (Include district, circuit, group, or seat #): (Include district, circuit, group, or seat #): (Intel-in Candidate for antifican office, check the box and fill in the name of the party as applicable: Intel to run as a Write-In Candidate.  8. Ha candidate for a nonpartisan office, check the box (Intel-in Candidate): Party candidate.    10. I have appointed the following person to act as my: Write-In Candidate: (Intel-in Candidate):  15. City: (Intel-in Candidate.  13. Email Address: (Intel-in Candidate.    11. Name of Treasurer or Deputy Treasurer: (Intel-in Candidate):  15. City: (Integenore: (Integenore):  14. Email Address: (Integenore):  17. Zip Code: (Integenore):    13. Name of Treasurer or Deputy Treasurer: (Integenore):  15. City: (Integenore):  16. State: (Integenore):  17. Zip Code: (Integenore):    14. Mailing Address: Integenore:  15. City: (Integenore):  16. State: (Integenore):  17. Zip Code: (Integenore):    15. Name of Baht::		OFFICE USE ONLY
2. Name of Candidate (in this order: First, Middle, Last):  3. Address (include PO Box or Street, City, State, Zip Code):    Mariya  Calkins  5. Candidate (in this order: First, Middle, Last):  5. Address (include PO Box or Street, City, State, Zip Code):    4. Telephone:  125 H2820  5. Candidate (in this order: First, Middle, Last):  5. Address (include PO Box or Street, City, State, Zip Code):    7. Office Sought (include district, circuit, group, or set #):  6. Email Address:  Vote (alkins@gmailmm)    7. Office Sought (include district, circuit, group, or set #):  8. If a candidate for a nonpartisan office, check the box and fill in the name of the party as applicable: I intend to run as a    9. If a candidate in partiaan office, check the box and fill in the name of the party as applicable: I intend to run as a    10. I have appointed the following person to act as my:  10. Enable:    11. Name of Treasurer or Deputy Treasurer:  12. Telephone:    12. Tabe designated the following bank as my (check appropriate box):  16. State:  17. Zip Code;    13. I have designated the following bank as my (check appropriate box):  17. Sip Code;  32570    13. I have designated the following bank as my (check appropriate box):  17. Zip Code;  32570    14. Mailing Address:  12. City:  16. State:  17. Zip Code;    14. Mailing Address:	1. CHECK APPROPRIATE BOX(ES):	
(Please Print or Type Name)    Mariya  Calkins    Mariya  Calkins    4. Telephone:  5. Candidate's Voter Registration #:    8. Telephone:  5. Candidate's Voter Registration #:    9. For required for qualitying purpose)  Vote Calkins@gmail.com    7. Office Sought (include district, circuit, group, or seat #):  8. If a candidate for a nonpartisan office, check the box in applicable:    9. If a candidate for applicable:  Intend to run as a Write-In Candidate.    9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:  Intend to run as a    9. Write-In Candidate.  Party candidate.    10. I have appointed the following person to act as my:  Campaign Treasurer    11. Name of Treasurer or Deputy Treasurer:  15. City:    12. Mailing address:  15. City:    13. I have designated the following bank as my (check appropriate box):  Primary Depository    14. Mailing address:  22. County:    12. City:  Name of Bank:    14. These designated the following bank as my (check appropriate box):    15. City:  16. State:    16. Way SP  20. Address:    17. City:  20. Address:    18. Under Man		
4. Telephone:  13579280  (1,10)    1. Start  12579280  (1,10)    1. Office Sought (include district, circuit, group, or seat #):  8. If a candidate for anonartisan office, check the box if applicable:    1. Toffice Sought (include district, circuit, group, or seat #):  8. If a candidate for anonartisan office, check the box and fill in the name of the party as applicable:    9. If a candidate for gartisan office, check the box and fill in the name of the party as applicable:  Party candidate.    9. If a candidate for gartisan office, check the box and fill in the name of the party as applicable:  Party candidate.    10. I have appointed the following person to act as my:  12. Telephone:  Party candidate.    11. Name of Treasurer or Deputy Treasurer:  13. Email Address:  17. Zip Code:    13. I have designated the following bank as my (check appropriate box):  17. Zip Code:  33570    18. I have designated the following bank as my (check appropriate box):  17. Zip Code:  33570    19. Name of Bank:  22. County:  23. State:  24. Zip Code:    19. Name of Bank:  22. County:  23. State:  24. Zip Code:    21. City:  Na/AYPE  23. State:  24. Zip Code:    22. Date:  JUNER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM	(Please Print or Type Name)	
(850) 380 6273  125792820 (rot required for qualifying purposes)  Vote Callins @gmail.com    7. Office Sought (include district, circuit, group, or seat #): SchOol Board District, and the party as applicable: applicable: I intend to run as a Write-In Candidate.  I a candidate for a nonpartisan office, check the box if applicable: I intend to run as a Write-In Candidate.    9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: Write-In Candidate.  Party candidate.    10. I have appointed the following person to act as my: Write-In Candidate.  Party candidate.    11. Name of Treasurer or Deputy Treasurer: I have appointed the following bank as my (check appropriate box): I following bank as my (check appropriate box): I following Depository  I following Depository    14. Mailing Address: I following bank as my (check appropriate box): I following Depository  I following Depository  Secondary Depository    19. Name of Bank: I centerny of Bank: I centerny of Bank: I centerny of Bank: I centerny of Deputy Treasurer  I following Depository  I following Depository  Secondary Depository    19. Name of Bank: I centerny of Bank: I centerny of Deputy Treasurer  I following Depository  I following Depository  I following Depository    19. Name of Bank: I have designated the following bank as my (check appropriate box): I following Depository  I following Depository  I following Depository    19. Name of Bank: I centerny of Pepsile to Typenterny	Mariya Calkins	Milton, FL 32570
7. Office Sought (include district, circuit, group, or seat #):  8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:    9. If a candidate for <u>nartisan</u> office, check the box and fill in the name of the party as applicable: I intend to run as a Write-In Candidate.    9. If a candidate for <u>nartisan</u> office, check the box and fill in the name of the party as applicable: I intend to run as a Write-In Candidate.    9. If a candidate for <u>nartisan</u> office, check the box and fill in the name of the party as applicable: I intend to run as a Write-In Candidate.    10. I have appointed the following person to act as my:  Campaign Treasurer    11. Name of Treasurer or Deputy Treasurer:  12. Telephone:    13. Email Address:  17. Zip Code:    14. Mailing Address:  15. City:    15. Address:  16. State:    17. Zip Code:  23. State:    18. I have designated the following bank as my (check appropriate box):  Primary Depository    19. Name of Bank:  22. County:    21. City:  NoVAYPE    22. State:  24. Zip Code:    32. State:		
School Bound District a  If applicable: I intend to run as a Write-In Candidate.    9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a    Write-In Candidate.  No Party Affiliation Candidate.    Write-In Candidate.  No Party Affiliation Candidate.    Write-In Candidate.  No Party Affiliation Candidate.    Party candidate.  Party candidate.    Party candidate.  Party candidate.    10. I have appointed the following person to act as my:  Party candidate.    11. Name of Treasurer or Deputy Treasurer:  12. Telephone:    12. Telephone:  13. Email Address:    13. Kmml Address:  7554-3706    14. Mailing Address:  15. City:    15. City:  16. State:    17. Zip Code:  32570    18. I have designated the following bank as my (check appropriate box):  Primary Depository    19. Name of Bank:  20. Address:    19. Name of Bank:  22. County:    19. Name of Panki:  8524    21. City:  NoVAVYE    22. County:  23. State:    24. Zip Code:  35666    UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FOR	(not required for qualitying purpos	
Write-In Candidate.  Party Affiliation Candidate.    10. I have appointed the following person to act as my:  Teampaign Treasurer    11. Name of Treasurer or Deputy Treasurer:  12. Telephone:    12. Telephone:  13. Email Address:    14. Mailing Address:  15. City:    15. City:  16. State:    17. Zip Code:  32570    18. I have designated the following bank as my (check appropriate box):  Primary Depository    19. Name of Bank:  20. Address:    11. City:  16. State:    17. Zip Code:  32570    18. I have designated the following bank as my (check appropriate box):  Primary Depository    19. Name of Bank:  20. Address:    11. City:  NaVAYYE    21. City:  NaVAYYE    22. County:  23. State:    23. State:  24. Zip Code:    32.5/26  325/26    UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE    CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAICN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.    25. Date:  JUNE (II, DOD4    X  Manifue designated above as:    (Please Print or Type-Name)	7. Office Sought (include district, circuit, group, or seat #): SCHOOL BOARD DISTN'CT 2	if applicable:
10. I have appointed the following person to act as my:  Image: Campaign Treasurer  Image: Campaign Treasurer    11. Name of Treasurer or Deputy Treasurer:  12. Telephone:  13. Email Address:    11. Mailing Address:  12. Telephone:  13. Email Address:    14. Mailing Address:  15. City:  16. State:  17. Zip Code:    18. I have designated the following bank as my (check appropriate box):  IPrimary Depository  IPsecondary Depository    19. Name of Bank:  20. Address;  23. State:  24. #WY    21. City:  NaW of Bank:  20. Address;  23. State:  24. #WY    21. City:  NaW of Bank:  22. County:  S5.3.4 NaVarre  S5.3.4 NaVarre  S5.3.4 NaVarre  S5.3.5.6.6    UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.    25. Date:  JUNE III, DOG4  X  Juming Multicher Address;    27.  Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box/  III.    I.  MacQarthy  do hereby accept the appointment designated above as:    (Please Print or Type-Mame)  Deputy Treasurer.    I. <th colspan="2">9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a</th>	9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a	
11. Name of Treasurer or Deputy Treasurer:  12. Telephone:  13. Email Address:    14. Mailing Address:  15. City:  16. State:  17. Zip Code;    18. I have designated the following bank as my (check appropriate box):  19. Primary Depository  Secondary Depository    19. Name of Bank:  10. Address;  16. State:  17. Zip Code;    19. Name of Bank:  10. Address;  12. County:  23. State:  24. Zip Code:    11. City:  Navarre  22. County:  23. State:  24. Zip Code:    10. DEPENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE  26. Signature of Candidate;  24. Zip Code:    25. Date:  JUNE [1, JOD44  X  Maniful Matching  26. Signature of Candidate;    14.  MacQrHuy		
Kim  Macarthy  (750, 554, 396)  KimMacarthy@Aou    14. Mailing Address:  15. City:  16. State:  17. Zip Code:    724  HWY 89  Milton  16. State:  17. Zip Code:    724  HWY 89  Milton  16. State:  17. Zip Code:    724  HWY 89  Milton  16. State:  17. Zip Code:    724  HWY 89  Milton  16. State:  17. Zip Code:    724  HWY 89  Milton  16. State:  17. Zip Code:    724  HWY 89  Milton  16. State:  17. Zip Code:    726  Markedesignated the following bank as my (check appropriate box):  Primary Depository  Secondary Depository    19. Name of Bank:  0  Bank  20. Address;  Secondary PKWY    21. City:  Navarre  Bank  22. County:  State:  23. State:  24. Zip Code:    11. City:  Navarre  Sayta  ROSq  FL  325/do    UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE  Comparison The APPOINTMENT OF THE    25. Date:  JUNE (I, JOJ4  X  Mara		
14. Mailing Address:  15. City:  16. State:  17. Zip Code:    13. I have designated the following bank as my (check appropriate box):  19. Primary Depository  Secondary Depository    19. Name of Bank:  20. Address:  8524  NaVarre  Secondary Depository    21. City:  NaVarre  22. County:  23. State:  24. Zip Code:    21. City:  NaVarre  22. County:  23. State:  24. Zip Code:    21. City:  NaVarre  22. County:  23. State:  24. Zip Code:    24. MAVAre  22. County:  23. State:  24. Zip Code:    23.566  UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE    25. Date:  JUNE (I, JOD4  26. Signature of Candidate/    25. Date:  JUNE (I, JOD4  X  Maningh Candidate/    27.  Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box/  Image: Campaign Treasurer.    28. Date:  6/11/2034  Campaign Treasurer.  Image: Deputy Treasurer or Deputy Treasurer    28. Date:  6/11/2034  Xignature of Campaign Treasurer or Deputy Treasurer		12. Telephone: (850, 554, 3906 KimNg arthy@AOU
19. Name of Bank:  Bank  20. Address;  8524 NaVarre PKWY    21. City:  NaVarre  22. County:  23. State:  24. Zip Code:    JUNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE  26. Signature of Candidate;  27.    25. Date:  JUNE 11, 2024  20. Address;  Maring Marine  26. Signature of Candidate;    27.  Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box/  Maring Marine    1.  Kim Macarhy  Macarhy  do hereby accept the appointment designated above as:    1.  Kim Macarhy  Implication of Treasurer.  29. Signature of Campaign Treasurer or Deputy Treasurer    28. Date:  6/11/2024  Xim Macarhy  Xim Macarhy	14. Mailing Address: 15. Ci	ty: 16. State: 17. Zip Code: 17. Zip Code: 32570
21. City:  NAVAYPE  22. County:  23. State:  24. Zip Code:    UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.  26. Signature of Candidate;    25. Date:  JUNE (1, JOJ4)  X  Junium Candidate;    27.  Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box/    1,  Kim Macarhy  do hereby accept the appointment designated above as:    (Please Print or Type Name)  do hereby accept the appointment designated above as:    28. Date:  6/11/2024  29. Signature of Campaign Treasurer or Deputy Treasurer    28. Date:  6/11/2024  X	18. I have designated the following bank as my (check appropriate box): 🗹 Primary Depository 🗌 Secondary Depository	
NAVAYPE  Sava ROSq  FL  32566    UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.    25. Date:  JUNE II, JOJ4  26. Signature of Candidate; X  26. Signature of Candidate; X    27.  Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box/ (Please Print or Type Name)  do hereby accept the appointment designated above as:    1.  Kim Macarhy (Please Print or Type Name)  Deputy Treasurer.    28. Date:  6/11/2024  29. Signature of Campaign Treasurer or Deputy Treasurer	19. Name of Bank: Centennial Bank	20. Address: 8524 Navarre PKWY
CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.    25. Date: JUNE (I, JOD4    26. Signature of Candidate: X    X    X    X    Acceptance of Appointment (fill in the blanks and check the appropriate box/ (Please Print or Type-Name)    Y    Y    Y    28. Date: 6/11/2024    29. Signature of Campaign Treasurer or Deputy Treasurer    X    X    Y		