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

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

(PLEASE PRINT OR TYPE)

18-06-06A08:34 RCVD

| NOTE: This form must be on file with the qualifying officer before opening the campaign account. | | | | | OFFICE USE ONLY | | | | | | |
|--|-----------------------------|------------|---------------|------------------------|---|--|-----------|-------------|-----|-------|--|
| 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Part | | | | | | | | | | Party | |
| Name of Candidate (in this order: First, Middle, Last) Robert D. McFall | | | | | 3. Address (include post office box or street, city, state, zip code) 1401 Clipper Ter. | | | | | | |
| 4. Telephone (386) 785-4357 | 5. E-mail add rmcfall197 | | com | Deltona, Fl. 32725 | | | | | | | |
| Office sought (include district, circuit, group number) Deltona City Commission District 4 | | | | | 7. If a candidate for a <u>nonpartisan</u> 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 AffiliationParty candidate. | | | | | | | | | | | |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | | | | | | | | | | | |
| 10. Name of Treasurer or Députy Tréasurer Robert D. McFall | | | | | | | | | | | |
| 11. Mailing Address 1401 Clipper Ter | | | | | 12. Telephone (386) 785-4357 | | | | | | |
| 13. City Deltona | 14. County Volusia | | 15. Sta FI | | . Zíp Code 32725 | ode 17. E-mail address rmcfall1970@gmail.com | | | | | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | | | | | | |
| 19. Name of Bank Wells Fargo | | | | | 20. Address 1130 Deltona Blvd. | | | | | | |
| 21. City 22. County | | | | 23. State 24. Zip Code | | | | | | | |
| Deltona Volusia | | | | | Florida | | | 32725 | | | |
| 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 | | | | | | |
| 6/5/2018 | | | | X / | left ! | DM | fil | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | |
| ı, Robert D. McFall | | | | | , do hereby accept the appointment | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | |
| designated above as: | | Campaign T | reasurer | | Deputy Tre | | , | | | | |
| 6/5/2018 X | | | | flet | 1 M | | | | | | |
| Date | | | | Signatur | e of Campaig | gn Treasure | r of Depu | ty Treasure | ∋r' | | |