

**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
By LLLewis at 7:34 am, May 18, 2020

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) **JUDITH LESLIE CRAIG**
3. Address (include post office box or street, city, state, zip code) **1835 ANCHOR AVE DELAND, FL 32720**

4. Telephone **(386) 738-5781**
5. E-mail address **@AOL.COM judycraig4wvha**

6. Office sought (include district, circuit, group number) **WVHA COMMISSIONER GA 5-3**

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 **JUDITH LESLIE CRAIG**

11. Mailing Address **1835 ANCHOR AVE DELAND, FL 32720**
12. Telephone **(386) 738-5781**

13. City **DELAND** **14. County** **VOLUSIA** **15. State** **FL** **16. Zip Code** **32720** **17. E-mail address** **AOL.COM judycraig4wvha@**

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

19. Name of Bank **MAIN STREET C. BK OF FL** **20. Address** **SPRING GARDEN AVE**

21. City **DELAND** **22. County** **VOLUSIA** **23. State** **FL** **24. Zip Code** **32720**

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 **5/12/2020** **26. Signature of Candidate** **X Judith Leslie Craig**

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

I, JUDITH LESLIE CRAIG, do hereby accept the appointment
 (Please Print or Type Name)
 designated above as: Campaign Treasurer Deputy Treasurer.

5/12/2020 **X Judith Leslie Craig**
 Date Signature of Campaign Treasurer or Deputy Treasurer