

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

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

(PLEASE PRINT OR TYPE)

JUN 05 2020

#698 REC'd AWAC

**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     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Nancy Weary

**3. Address** (include post office box or street, city, state, zip code)

435 W. Delaware Avenue  
Lake Helen, Florida 32744

**4. Telephone**

(386 ) 561-9908

**5. E-mail address**

fweary@cfl.rr.com

**6. Office sought** (include district, circuit, group number)

City Commissioner Zone 2

**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**

Nancy Weary

**11. Mailing Address**

435 W. Delaware Avenue

**12. Telephone**

( 386 ) 561-9908

**13. City**

Lake Helen

**14. County**

Volusia

**15. State**

Florida

**16. Zip Code**

32744

**17. E-mail address**

fweary@cfl.rr.com

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

**19. Name of Bank**

Mainstreet Community Bank of Florida

**20. Address**

204 S. Woodland Blvd

**21. City**

DeLand

**22. County**

Volusia

**23. State**

Florida

**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**

June 5, 2020

**26. Signature of Candidate**

X Nancy Weary

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

I, Nancy Weary, do hereby accept the appointment

(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

June 5, 2020

Date

X Nancy Weary

Signature of Campaign Treasurer or Deputy Treasurer