

**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.**

**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)

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

**4. Telephone**  
(      )

**5. E-mail address**

**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**

**11. Mailing Address**

**12. Telephone**  
(      )

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

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

**19. Name of Bank**

**20. Address**

**21. City**

**22. County**

**23. State**

**24. Zip Code**

**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**

**X**

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

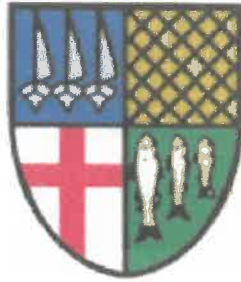
I, \_\_\_\_\_, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

**X**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Campaign Treasurer or Deputy Treasurer



**TO: March General Election Candidates**  
**FROM: Dorothy Burkhalter - Town Clerk**  
**DATE: September 12, 2018**  
**SUBJECT: Testing of Tabulating Equipment**

**ELECTION DATE**  
March 12, 2019

**TEST DATE**  
February 28, 2019

Notice is given that precinct tabulators will be tested prior to the 2019 elections on the date indicated above. If you desire to **ACTIVELY PARTICIPATE**, you and/or your representative must be present by 9:45 a.m. on this date, as the test begins promptly at 10:00am at the Orange County Supervisor of Elections Office, 119 West Kaley Street, Orlando. Please report to the Voting Equipment Warehouse. All representatives must provide written authorization from the candidate.

If tabulators are being used for absentee ballots, such testing will be conducted at the same time and place.