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):	CITIOL COL CIAL
[[7]	reasurer/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)
DRUE LEARY	472 Raintree Ct.
4. Telephone 5. E-mail address	Winter Park, FL. 32789
(407)832 8505 Sleary@leary@nop.101	n
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Λ	applicable:
Winter Park City Commission, Mayo	
8. If a candidate for a <u>partisan</u> 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	
2.5 0	12. Telephone
2180 N. Park Ave. Suite # 322 13. City 14. County 15. Stat	1.1000
Winter Earle Orange FL	16. Zip Code 17. E-mail address 32789 Drune @ Paryg(BUP, Com
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address
	840 5 Dennins Dr.
21. City 22. County	23. State 24. Zip Code
MIAIL KEITE WANGE	FC 32+80
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 2	26. Signatur e of Sa ndidate
10-23-14	X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
PAULA RUPE	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Treasurer.	
10-23-14 X	Paula K Sine
	ignature of Campaign Treasurer or Deputy Treasurer

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(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):	reasurer/Deputy
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
5. Email address	- 422 Raintree Ct.
4. Telephone 5. Eamail address	$\frac{1}{2}$
(407)832 8505 Sleary @ leary 9,000 com	1 Winter 10014, Ph 32789
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Winter Book City Commission, Mayor	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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 Meg Fitzgerald	
11. Mailing Address J	12. Telephone
2180 N Park Ave. Suite #3°	
WinterPark Orange FL	32789 Megalewyg,00,0.60m
18. I have designated the following bank as my	Primary Depository Secondary Depository
Old Florida National Bunk	840 S. Deging Dr.
21. City 22. County University	23. State 24. Zip Code 3 1789
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 2	6. Signature of Candidate
()-23-14	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
MEG FITZGERALD (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer	Deputy Treasurar.
10-23-14 X	M. Johnston
Date Si	gnature of Campaign Treasurer or Deputy Treasurer