

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS  
6495 CAROLINE ST., STE. F  
MILTON, FL 32570-4592

2012 NOV 28 PM 3 23

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)

Wallis Lee Mahute

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

5500 COX Rd.

**4. Telephone**

( )

**5. E-mail address**

Milton, FL 32583

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

County Commissioner, District 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**

Wallis Lee Mahute

**11. Mailing Address**

5500 COX Rd

**12. Telephone**

( )

**13. City**

Milton

**14. County**

Santa Rosa

**15. State**

FL

**16. Zip Code**

32583

**17. E-mail address**

wmahute@bellsouth.net

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

**19. Name of Bank** Santa Rosa County  
Federal Credit Union

**20. Address** 6499 Caroline St.  
Milton FL 32570

**21. City**

Milton

**22. County**

Santa Rosa

**23. State**

FL

**24. Zip Code**

32570

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**

11-28-12

**26. Signature of Candidate**

X Wallis Lee Mahute

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

I, Wallis Lee Mahute, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

11-28-12  
Date

X Wallis Lee Mahute  
Signature of Campaign Treasurer or Deputy Treasurer