## 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

2013 JUL 11 AM 11 20

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

| officer before opening the   | campai  | gn account.                                  | /          | <u> </u>                 |   |               |   |             | OFFICE             | E USE       | ONLY   |
|--|---|--|------------|--------------------------|---|---------------|---|-------------|--------------------|-------------|--------|
| 1. CHECK APPROPRIATE BOX(ES):  |   |  |            |                          |   |               |   |             |                    |             |        |
| Initial Filing of Form   | Re-f  | filing to Change:                            | T          | reasu                    | urer/Deputy   |               | Depositor                               | ıy 🔲        | Office             |             | Party  |
| 2. Name of Candidate (in th  |   | 3. Address (inc                              | clude      | e post offic             | e box or s  | street, city, | state,                                  | zip         |                    |             |        |
| Robert "Rob" Edward Williamson   |   |  |            |                          | code)<br>PO Box 6118                                | Q             |   |             |                    |             | ļ      |
| 4. Telephone 5. E-mail address   |   |  |            |                          | Navarre, FL   |               | 566                                     |             |                    |             | ļ      |
| (850 ) 565-0658 re   | bwlandscapin  | ng.com                                       |            |                          |   |               |   |             |                    |             |        |
| 6. Office sought (include dis  |   |  |            | lidate for a             | <u>nonparti</u>                                     | isan office   | e, chec                                 | k if        |                    |             |        |
| Santa Rosa County Con  | nmissic   | oner - District                              | 4          |                          | appli   |               |   | ie to run a | o a Write_/        | n cand      | didata |
|  |   | 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 Pa   | Write-In No Party Affiliation Republican Party candidate. |  |            |                          |   |               |   |             |                    |             |        |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer  |   |  |            |                          |   |               |   |             |                    |             |        |
| 10. Name of Treasurer or Deputy Treasurer  |   |  |            |                          |   |               |   |             |                    |             |        |
| Rob Williamson   |   |  |            |                          |   |               |   |             |                    |             |        |
| 11. Mailing Address  |   |  |            |                          |   |               |   | 12. Telep   | •                  |             |        |
| PO Box 6118  |   |  |            |                          | ( 850 ) 565-0658                                    |               |   |             |                    |             |        |
| 13. City   | 14. County  |  | 15. Sta    | ate !                    | 16. Zip Code  | •             |   |             |                    |             |        |
| Navarre  |   | a Rosa                                       | FL -       |                          | 32566   |               | <del>-</del>                            |             |                    | <del></del> |        |
| 18. I have designated the following bank as my Primary Depository Secondary Depository   |   |  |            |                          |   |               |   |             |                    |             |        |
| 19. Name of Bank   | _   |  | •          |                          | Address   |               |   |             |                    |             | _      |
| Bank of America  |   |  |            | 3074 Gulf Breeze Parkway |   |               |   |             | 7:20               | <del></del> |        |
| 21. City<br>Gulf Breeze  |   | 22. County<br>Santa Rosa                     |            |                          | 23. Sta   |               |   | }           | 24. Zip C<br>32563 | ode         |        |
|  |   |  |            |                          |   |               | - : : : : : : : : : : : : : : : : : : : |             |                    |             |        |
| 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 C                                      | Cand          | didate                                  |             |                    |             |        |
| July 11, 2013  | July 11, 2013 X J L L L                                   |  |            |                          |   |               |   |             |                    |             |        |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)   |   |  |            |                          |   |               |   |             |                    |             |        |
| I, Rob Williamson  |   |  |            |                          |   |               | , do her                                | eby accer   | ot the appoi       | intmer      | nt     |
| (Please Print or Type Name)  |   |  |            |                          |   |               |   |             |                    |             |        |
| designated above as: Campaign Treasurer Deputy Treasurer.  |   |  |            |                          |   |               |   |             |                    |             |        |
| July 11, 20  | 013   |  | <b>X</b> ( | 7/                       | AC. L   | L             | 2                                       |             |                    |             |        |
| Date   |   |  |            | Sign                     | Signature of Campaign Treasurer or Deputy Treasurer |               |   |             |                    |             |        |