

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
2019 FEB 15 PM 4:16

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)

Gwendolyn Monique Marshall

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

3602 Swatts Road
Tallahassee, FL 32303

4. Telephone

(850) 284-4525

5. E-mail address

gwendolynmarshall2016@gmail.com

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

Clerk of the Circuit Court and Comptroller

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 Democrat _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Gwendolyn Marshall

11. Mailing Address

3602 Swatts Road

12. Telephone

(850) 284-4525

13. City

Tallahassee

14. County

Leon

15. State

Florida

16. Zip Code

32303

17. E-mail address

gwendolynmarshall2016@gmail.com

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

19. Name of Bank

SunTrust Bank

20. Address

215 S Monroe Street

21. City

Tallahassee

22. County

Leon

23. State

Florida

24. Zip Code

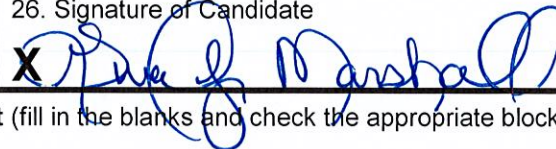
32301

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

02/15/2019

26. Signature of Candidate



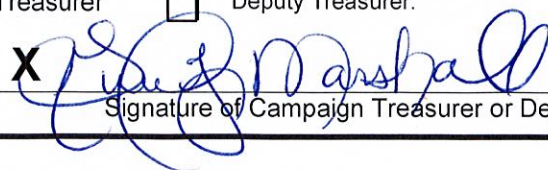
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Gwendolyn Marshall, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

02/15/2019

Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

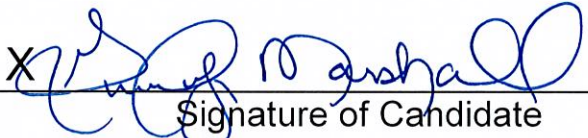
(Please print or type)

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LEON COUNTY, FLORIDA

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I, Gwendolyn Monique Marshall ,
candidate for the office of Clerk of the Circuit Court and Comptroller ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 
Signature of Candidate

02/15/2019
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).