

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

JUN - 7 2019

CITY OF NAPLES  
CITY CLERK

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)

Michelle L. McLeod

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

728 Old Trail Drive  
Naples, FL 34103

**4. Telephone**

(239) 216-0403

**5. E-mail address**

m2mcleod@comcast.net

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

City Council

**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**

Michelle L. McLeod

**11. Mailing Address**

728 Old Trail Drive

**12. Telephone**

( )

**13. City**

Naples

**14. County**

Collier

**15. State**

FL

**16. Zip Code**

34103

**17. E-mail address**

m2mcleod@comcast.net

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

**19. Name of Bank**

First Florida Integrity Bank

**20. Address**

811 Anchor Rode Drive

**21. City**

Naples

**22. County**

Collier

**23. State**

FL

**24. Zip Code**

34103

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**

6/7/2019

**26. Signature of Candidate**

X Michelle L. McLeod

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

I, Michelle L. McLeod, do hereby accept the appointment

(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

6/7/2019

Date

X Michelle L. McLeod

Signature of Campaign Treasurer or Deputy Treasurer