APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)



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NOTE: This form must be on file with the filing 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 2. Name of Candidate (in this order: First, Middle, Last): 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) Jerry L. Kegister Lynn Haven, Fl. 32444 4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address: erry register Obell southmet (not required for qualifying purposes) (B50) 265-9363 7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the box if applicable: School board Dis ☐ I intend to run as a Write-In Candidate. 9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a ☐ Write-In Candidate. ☐ No Party Affiliation Candidate. Party candidate. **W**Campaign Treasurer Deputy Treasurer 10. I have appointed the following person to act as my: 11. Name of Treasurer or Deputy, Treasurer: 13. Email Address: 15. City: 802 WASA 12 4N Lunn 19. Name of Bank: 20. Address: Credit Union **3008** 22. County: 24. Zip Code outh port of UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE RE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate: 25. Date: surer's Acceptance of Appointment (fill in the blanks/and check the appropriate bo 27. do hereby accept the appointment designated above as: (Please Print or Type Name) Campaign Treasurer. Deputy Treasurer. 29. Signature of Campaign Treasurer of Deputy/Treasurer 4, 12, 2024 28. Date: X DS-DE 9 (Eff. 10/22 1S-2,001, F.A.C.