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

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

(PLEASE PRINT OR TYPE)

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

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2023 DEC -5 PM 2: 06

MIANI-DAVE COUNTY ELECTIONS DEPARTMENTOFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):							
☐ Initial Filing of Form ☐ Re-filing to Change: ☐	Treasur	er/Deput	y 🗆 Dep	ository	Office	e 🗆 Party	
2. Name of Candidate (in this order: First, Middle, Last (Please Print or Type Name) Susan Khoury	t):	8724 9	ress (include Sunset Dr# FL 33173		or Street, Cit	ty, State, Zip Code):	
4. Telephone: 5. Candidate's Voter	Registra	tion #:	6. Email Ad	dress:			
(850 ) 4695647 Susankhoury.campaign@gmail.com						ŭ	
7. Office Sought (include district, circuit, group, or seat #):  Miami-Dade County Sheriff  8. If a candidate for a nonpartisan office, check the box if applicable:  □ 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 Candid	late. <b>√</b> Z	<u>Dem</u>	ocratic			Party candidate.	
10. I have appointed the following person to act as my:   Campaign Treasurer  Deputy Treasurer							
11. Name of Treasurer or Deputy Treasurer:			12. Telephone:			13. Email Address:	
Shelby Green (850) 590 3612 sbsllc2017@gmai					7@gmail.com		
14. Mailing Address: 2800 S Adams St Unit 5651	15. City: Tallahassee		16. St	AND STATE OF THE S	17. Zip Code: 32314		
18. I have designated the following bank as my (check appropriate box): I Primary Depository Secondary Depository							
19. Name of Bank: City National Bank		6975	ddress: SW 87 Av	ve			
21. City:	22. County:			23. State:		24. Zip Code:	
Miami	Miami-Dade			FL		33173	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.							
25. Date: December 5, 2023 X Low Lynn							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
I, Shelby Greendo hereby accept the appointment designated above as:						nated above as:	
Campaign Treasurer.			☐ Deputy Treasurer.				
November 18, 2023 28. Date:		29. S	ignature of C	ampaig	n Treasurer	of Deputy Treasurer	
DS-DE 9 (Eff. 10/23)			01			Rule 1S-2.001 F.A.C.	

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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):  (Please Print or Type Name)  3. Address (include PO Box or Street, City, State, Zip Code):						
SUSAN KHOURY #1142 minus 1 F L 33173						
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:						
(309 469-5647 H6609540 SUSANKhorry. Campaign Dgma						
<ul> <li>7. Office Sought (include district, circuit, group, or seat #):</li> <li>Mand: Dade County Steriff</li> <li>I intend to run as a Write-In Candidate.</li> </ul>						
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. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
10. I have appointed the following person to act as my:   Campaign Treasurer  Deputy Treasurer						
11. Name of Treasurer or Deputy Treasurer:  5 15 AN KLOUNY  12. Telephone:  13. Email Address:  3 gmail, & a  14. Mailing Address:  15. City:  16. State:  17. Zip Code:  17. Zip Code:						
18. I have designated the following bank as my (check appropriate box): ☐ Primary Depository ☐ Secondary Depository						
19. Name of Bank: City National Bank Leg 75 5W 87 ave						
21. City:         22. County:         23. State:         24. Zip Code:           mani-Dade         FL         33173						
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.						
25. Date: 12/3 26. Signature of Candidate: X						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)						
I,						
☐ Campaign Treasurer. ☐ Deputy Treasurer.						
28. Date: 12/5/23  29. Signature of Campaign Treasurer of Deputy Treasurer  X						
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.						