APPOINTMENT OF CAMPAIGN TREASURE AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)		2024 MAY 7 PH2:52			)24 MAY 7 px2:52			
(PLEASE PRINT OR TYPE)								
NOTE: This form must be on file with the filing officer before opening the campaign account.			,4			OFFICE USE ONLY		
1. CHECK APPROPRIATE BOX(ES):								
☐ Initial Filing of Form ☐ Re-filing to Change: 0	Treasur	er/Depu	ty 🗌 Dej	pository	🗌 Offic	e 🗌 Party		
2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name) 5761 Twisted Oals Ot								
Angie Straughn			5761 Twisted Oak Ct Pace, FL 32571					
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:								
(850)529-6098 (not required for quality)	(not required for qualifying purposes			astraughn19@gmail.com				
7. Office Sought (include district, circuit, group, or seat #): if applicable:								
Santa Rosa County School Board, District 4			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								
U Write-In Candidate. No Party Affiliation Candidate.								
10. I have appointed the following person to act as my: 🛛 Campaign Treasurer								
11. Name of Treasurer or Deputy Treasurer:		12. Telephone:		13. Email Address:				
Angie Straughn		(850) 529-6098		astraughn19@gmail.com				
14. Mailing Address: 15		-		16. S		17. Zip Code:		
5761 Twisted Oak Ct		ce F		<u> </u>	32571			
18. I have designated the following bank as my (check appropriate box): 🛛 Primary Depository 🗌 Secondary Depository								
19. Name of Bank:20. Address:Penn Air Federal Credit Union4586 Hw					y 90			
21. City: Pace	22. Co	-	<b>nty:</b> Santa Rosa		tate: FL	<b>24. Zip Code:</b> 32571		
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.								
<b>25. Date:</b> 05/06/2024			26. Signature of Candidate: X Amou Strang					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
I,do hereby accept the appointment designated above as: (Please Print or Type Name)								
🔀 Campaign Treasure	Deputy Treasurer.							
28. Date:   05/06/2024     29. Signature of Campaign Treasurer or Deputy Treasurer     X   Mare								
DS-DE 9 (Rev. 09/23)			<u> </u>		B	He 1S-2.0001, F.A.G.		