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

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

2023 SEP 11 AM3:50

NOTE: This form must be on file with the qualifying officer before opening the campaign account.			OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES): email of how			
☐ Initial Filing of Form Re-filing	to Change Tre	asurer/Deputy	Office Party
2. Name of Candidate (in this order: First	, Middle, Last)	3. Address (include post office t	box or street, city, state, zip
Oscar Locklis	\	4999 Luman	a Shell Rl
4. Telephone 5. E-mail add 100 k(in 4	ress Kids SRCQ gmal.com	Jay FZ 32565	
7			onpartisan office, check if
School Bourd Dist. Z		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 Oscar Zocklin			
11. Mailing Address 12. Telephone			
4999 Luman Shell RD (850) 359-5007			
13. City Jay 14. County Santa	Rosz F2		ddress 4Kids SRC Egmail. wa
18. I have designated the following bank as my Primary Depository Secondary Depository			
United Bank		1. Address 4104 US-90	
	County anta Rosa	23. State	24. Zip Code 3257/
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 26. Signature of Candidate			
9/11/2023 X		x 6-12-	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)			
I, Oscar Loc(Clin , do hereby accept the appointment (Please Print or Type Name)			
1			
9/11/2023 X 3 12			
Date Signature of Campaign Treasurer or Deputy Treasurer			
DS-DE 9 (Rev. 10/10) Rule 1S-2.0001, F.A.C.			