## 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

2024 JAN 4 AKS:37

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):		
(Please Print or Type Name)	5402 Timber Creek Dr.	
Robert B. Burkett	Pace, FL 32571	
(Bobby)	,	
4. relephone. 5. Candidate 5 voter in	Registration #: 6. Email Address:	
$(850)$ 5/6 - 4/79 $\frac{1075924}{\text{(not required for qualifyin)}}$	427 cjbobby 56 @ yahoo. com	
7. Office Sought (include district, circuit, group, or seat #):  8. If a candidate for a nonpartisan office, check the box		
County Commissioner Dist 1 if applicable:		
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 Candida	date. Kepublicari Party 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:	
Bobby Burkett	15. City: 16. State: 17. Zip Code:	
	15. City: 16. State: 17. Zip Code:	
5402 Timber Creek Dr.	Pace , FL 32571	
18. I have designated the following bank as my (check appropriate box): Primary Depository		
19. Name of Bank: Santa Ros Suff Winds Credit Credit U. 21. City:	05a <b>20. Address:</b>	
21. City:	22. County:   23. State:   24. Zip Code:	
Milton	Santa Rosa FL 32570	
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.		
	26. Signature) of Candidate:	
25. Date: 1-3-2024	X Roby Swell	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)		
I, Bobby Burkett (Please Print or Type Name)	do hereby accept the appointment designated above as:	
Campaign Treasurer.	r. Deputy Treasurer.	
28. Date: // \\ / \/	29. Signature of Campaign Treasurer of Deputy Treasurer	
DS-DF 9 (Fff 10/23)	Rule 1S-2.001, F.A.C	

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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):	3. Address (include PO Box or Street, City, State, Zip Code):	
(Please Print or Type Name)	5402 Timber Creek Dr-	
Robert B. Burkett		
4. Telephone: 5. Candidate's Voter Regis 107592427	Pace, FL 32571	
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:		
(not required for qualifying pur	poses) $\lor$ $\lor$	
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:	
County Commissioner Dist I	☐ I intend to run as a Write-In Candidate.	
9. If a candidate for partisan office, check the box and fill i		
☐ Write-In Candidate. ☐ No Party Affiliation Candidate.	X Kepublican 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: bell sout	
Leslie Renee Burkett	12. Telephone: 13. Email Address: 5ell sout 16. State: 17. Zip Code:	
14. Mailing Address: 15.	City: 16. State: 17. Zip Code:	
5402 Timber Creek Dr. Pa	ice   PC   375 //	
18. I have designated the following bank as my (check appropriate box): Primary Depository 🔲 Secondary Depository		
19. Name of Bank: Santa Rosa Credit Union	20. Address: 3772 HWY 90 County: 23. State: 24. Zip Code:	
21 City: 22	· // -   • • ·   -	
	anta Rosa FL 32570	
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: 1 - 4 - 2 4	26. Signature of Cardidate:	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)		
I, LESTIE Renee Burkettdo hereby accept the appointment designated above as:		
☐ Campaign Treasurer.	Deputy Treasurer.	
28. Date: 1-4-24	29. Signature of campaign Treasurer of Deputy Treasurer  X	
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.	