2024 JAN 8 PM1:21

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.

OFFICE USE ONLY

opening the campaign account.	OFFICE USE UNLY	
1. CHECK APPROPRIATE BOX(ES):		
	Treasurer/Deputy Depository Doffice 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	
4. Telephone: 5. Candidate's Voter R		
(850) 516-4179 157503312) (not required for qualifying		
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box		
County Commissioner District I 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	te. X <u>Republican</u> Party candidate.	
10. I have appointed the following person to act as m	ny: 🗌 Campaign Treasurer 🛕 Deputy Treasurer	
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:	
Leslie Renee' Burkett	1850) 501-2514 Jones 3493 @ Bellsouthine	
14. Mailing Address:	15. City: 16. State: 17. Zip Code:	
5402 Timber Creek Dr.	15. City: 16. State: 17. Zip Code: 18. State: 325.71	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository		
19. Name of Bank: Regions Bank	20. Address: 6650 Caroline St.	
21. City:	22. County: 23. State: 24. Zip Code:	
Milton	22. County: 23. State: 24. Zip Code: 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.		
25 21 / 2 2/	26. Signature of Candidate:	
25. Date: / - 8 - 24	X Colut & Burkett	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate bek)		
1, Leslie Renee Burkett (Please Print or Type Name)	do hereby accept the appointment designated above as:	
☐ Campaign Treasurer.	Deputy Treasurer.	
28. Date: 1-8-24	29. Signature of Campaign Treasurer of Deputy Treasurer	
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.	

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

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

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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	Pace, FL 32571	
A T. I. I. Water Devices	,	
4. Telephone: 5. Candidate's Voter Registra		
(inperfequence for quantying purposes)		
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 District I 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.	
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:	
Robert B. Burkett	(850, 516-4179 cj bcbby 56 @ yahoo, com	
l 14. Mailing Address:	v: 16 State: 17 Zin Code: 1	
5402 Timber Creek Dr. Pac	e FL 32571	
18. I have designated the following bank as my (check appropriate box): 💢 Primary Depository 🗌 Secondary Depository		
19. Name of Bank: Kegions Bank	20. Address:	
21. City: 22. Co	unty: 23. State: 24. Zip Code:	
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	26. Signature of Candidate:	
25. Date: / - 8 - 2 4	X Koled B. Kingle II	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)		
I, Bort B. Broker (Please Print or Type Name)	_do hereby accept the appointment designated above as:	
Campaign Treasurer.	☐ Deputy Treasurer.	
28. Date: /-8-24	29. Signature of Campaign Freasurer Deputy Treasurer	
DS-DF 9 (Fff. 10/23)	Rule 1S-2 001 F A C	