APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)	NOV 0 9 2023
NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
BARRY S. PITEK	SG48 BALD EAGLE DRIVE
4. Telephone 5. E-mail address	PORT ORMASE, FL 32128
(386) 256-467 BSPRHBCOMAL, 4 6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
PORT DRANGE CITY COUNCIL	My intent is to run as a Write-In candidate.
8. If a candidate for a partisan office, check block and f	
Write-In No Party Affiliation Non-partisan Party candidate.	
9. I have appointed the following person to act as my X Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
RANDY H. BENNETT	
11. Mailing Address	12. Telephone
5648 BALD EAGLE DRIVE	(386)256-4167
13. City 14. County 15. S	State 16. Zip Code 17. E-mail address 22128 BSPRUBO GMAIL, com
ICKI CIVILICE CONSTA	Primary Depository
10. I flave designated the following cank do my	
19. Name of Bank TRVIST	1635 TAYLOR ROAD
21. City 22. County	23. State 24. Zip Code
PORT ORANGE MOLUSIA	FL 32128
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
11 8 2023	X OSMatel
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, <u>Randy H. Bennett</u> , do hereby accept the appointment (Please Print or Type Name)	
designated above as: X Campaign Treasurer. Deputy Treasurer.	
118123 × 6/aut 12	
Date	Signature of Campaign Treasurer or Deputy Treasurer
DS-DE 9 (Rev. 10/10) Print	Rule 1S-2.0001, F.A.C.