APPOINTMENT OF CA AND DESIGNATIO DEPOSITORY FO (Section 106)	ON OF CAMPAIG	N								
(PLEASE PRINT OR TYPE)							'23 A	PR 4 an	11:10	
NOTE: This form must be on file with the qualifying officer before opening the campaign account.			OFFICE USE ONLY							
1. CHECK APPROPRIATE B	OX(ES):									
Initial Filling of Form	Re-filing to Chang	je: 🔲 Tr	easure	r/Deputy >	Depository		Office	D Pa	rty	
2. Name of Candidate (in this order: First, Middle, Last) Clovis Watson, Jr.				3. Address (include post office box or street, city, state, zip code) 16591 NW 129th Terr, Alachua, FL, 32615						
11 ( Sispinan -										
(386)462-4061 s	nerf1013@yah	oo.com								
6. <b>Office sought</b> (include district, circuit, group number) Alachua County Sheriff				7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.						
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a										
Democratic										
Write-In No Pa	rty Affiliation	· · · · · · · · · · · · · · · · · · ·				Party				
9. I have appointed the follo	owing person to act	as my	$\mathbf{X}$	Campaign Tre	asurer	Deputy	/ Treasure	ər		
10. Name of Treasurer or De Clovis Watson, Jr.	puty Treasurer									
11. Mailing Address 16591 NW 129th Terr				12. Telephone (386)462-4061						
13. City Alachua	14. County Alachua	15. Sta FL		16. Zip Code 17. E-mail address 32615 sherf1013@yahoo.coi				m		
18. I have designated the following bank as my X Primary Depository Secondary Depository										
19. Name of Bank Alliance Credit Union				20. Address 412 E University Ave						
21. City 22. County			23. State				24. Zip C	ode		
Gainesville				FL			32601			
UNDER PENALTIES OF PERJURY DESIG	(, I DECLARE THAT I HA	VE READ TH DEPOSITOR	IE FORE Y AND T	GOING FORM FO	OR APPOINTMEN STATED IN IT AR	T OF CAI RE TRUE.	MPAIGN TR	EASURER	AND	
25. Date / /	26. S	ignature of Car	ndidate							
4/4/23				X						
27. Treasurer	's Acceptance of Ap	pointmen	<b>t</b> (fill in	the blanks and	t check the app	oropriate	e block)			
I,, do hereby accept the appointment										
(Please Print or Type Name) designated above as: Campaign Treasurer. Deputy Treasurer.										
designated above as:		reasurer.			10030101.					
4/4/23		<u> </u>		<u>&gt;</u>	< /			<i>.</i> د		
Date			Signa	ture of Campa	ign Treasurer o		ty Treasu			

DS-DE 9 (Rev. 10/10)