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.

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OFFICE USE ONLY

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1. CHECK APPROPRIATE BOX(ES):			30				
☐ 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) Anna Mary Prizzia			2530 NW 11th Ave				
Allila Waly Plizzia		Gaine	sville, FL 32	2005			
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:							
Anna Prizzia @ amail.com						ail com	
910)894-3441 (not required for qualifying 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:							
Alachua County Commission District 3							
9. If a candidate for <u>partisan</u> 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 Candi	date.	Dem	ocratic			_ Party candidate.	
10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer							
11. Name of Treasurer or Deputy Treasurer:			ephone:		13. Email Address:		
Matthew Burnette		(386)882-2765		5	Matt.Burnette98@gmail.com		
14. Mailing Address:	15. Cit	y:		16. St	ate:	17. Zip Code:	
PO Box 357536	Gaine	sville		FL		32635	
18. I have designated the following bank as my (check appropriate box): Primary Depository							
19. Name of Bank: 20. Address:							
Campus USA Credit Union			5115 NW 43rd Ave				
21. City:	22. County:		4	23. St	tate:	24. Zip Code:	
Gainesville		Alachua		<u> </u> FL		32606	
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: X					· ·		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
I, Matthew Burnettedo hereby accept the appointment designated above as:							
(Please Print or Type Name)							
Campaign Treasurer. Deputy Treasurer.							
Acilab acon All	γ	29. Si	gnature of C	ampaig	n Treasurer	of Deputy Treasurer	
28. Date: 14 (11) 10, 2024		X	1111			open manifesta de la graphica de la	
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.							
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