## **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 qualifying



officer before opening the campaign account.									OFFICE	E USE	ONLY		
1. CHECK APPROPRIATE BOX(ES):													
✓ Initial Filing of Form	Re	-filing to Change:		Treası	urer/Dep	outy [	<b>Deposito</b>	ory 🔲	Office		Party		
2. Name of Candidate (in t	3. Address (include post office box or street, city, state, zip												
Lynne Schneider					code) 236 Wilson Avenue								
4. Telephone 5. E-mail address					Panama City, FL 32401								
	850 ) 832-8597 Lynneformayor@gmail.com												
6. Office sought (include d		7. If a candidate for a <u>nonpartisan</u> office, check if											
Panama Citi		applicable:											
		My intent is to run as a Write-In candidate.											
8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a													
Write-In No Party Affiliation Party candidate.													
9. I have appointed the following person to act as my													
10. Name of Treasurer or Deputy Treasurer													
Lynne Schneider													
11. Mailing Address		12. Telephone											
236 Wilson Ave					( 850 ) 832-8597								
13. City	14. County		15. St	ate	16. Zip Code 17. E-mail address								
Panama City	Bay		FL		32401	Lynneformayor@gmail.com							
18. I have designated the following bank as my					rimary [	Depositor	y 🔲	Seconda	ary Deposit	ory			
19. Name of Bank					20. Address								
Regions					469 West 23rd Street								
21. City						23. State		_	24. Zip C	ode			
Panama City		Bay			F	L			32405				
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		<del></del>		26.	Signatur	re of Can	didate		,				
12/9/2018					x diprisched								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
I,, do hereby accept the appointment									•				
(Please Print or Type Name)													
designated above as:	X	Campaign Tr	reasure	er	<b>□</b> D	eputy Tre	asurer.						
12/9/2018 X X													
Date				Sion	Signature of Campaign Treasurer or Deputy Treasurer								
Date					aten C Oi	Campaiç	jii i leasuit	si oi bepu	ity i i casur	<i>5</i> 1			

**DS-DE 9 (Rev. 10/10)** 

Rule 1S-2.0001, F.A.C.