APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES	6 ⁰⁰ / ₄ , 160,
(Section 106.021(1), F.S.)	\$ 23 [°] \$ 0 [°]
(PLEASE PRINT OR TYPE)	40 ³
NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	Treasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code) [915 Wilson AVE
TonuiShanoniShampland4. Telephone5. E-mail address	not c 1
4. Telephone 5. E-mail address	M PARAMA City, FloerdA 32405
(\$50) 894-7745 Eshamp102 @ 9mAil. 4	M PARAMA 01.91 32405
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
WARD 2 - City OF PANEAMA City COMMISSIONER	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 AffiliationParty candidate.	
9. I have appointed the following person to act as my 🔽 Campaign Treasurer 🔲 Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
Taxi ShamplAINI	
11. Mailing Address 12. Telephone 1915 11.50N 1915 11.50N 11. Mailing Address 12. Telephone 11. Mailing Address 13. Telephone 11. Mailing Address 13. Telephone 11. Mailing Address 13. Telephone 12. Telephone 13. Telephone 13. Other 14. County 14. County 15. State 15. State 14. County	
13. City 14. County 15. S	tate 16. Zip Code 17. E-mail address
13. City 14. County 15. S PANAMA Lity BAY FL	- 32405 EshamDID2@gmail.com
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank 20. Address	
	2718 MLK JE BIVD.
21 City 22. County PANAMA (NY BAY	23. State 24. Zip Code
PANAMA CHY BAY	FLORIDA 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	26. Signature of Candidate
12/24/2018	X Joni Shomplan - Miller
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, <u>Toni Shamplana - Miller</u> , do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Treasurer.	
12/24/2018 X Fri' Shamplan - Milter Date Signature of Campaign Treasurer or Deputy Treasurer	
/2/24/2018 X C	Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

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