(PLEASE PRINT OR TYPE) NOTE: This form must be on file with the qualifying officer before opening the campaign account.
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
Patrick J Perno code) 1507 E 9th street
4. Telephone 5. E-mail address Lynn Haven FI 32444
(850) 774-6128 pat.perno@gmail.com
6. Office sought (include district, circuit, group number)       7. If a candidate for a nonpartisan office, check if applicable:         Lynn Haven City Commissioner Seat 2       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 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 Pat Perno
11. Mailing Address 12. Telephone
1507 E 9th Street (850) 7746128
13. City 14. County 15. State 16. Zip Code 17. E-mail address
Lynn Haven BAY FL 32444 pat.perno@gmail.com
18. I have designated the following bank as my X Primary Depository Secondary Depository
19. Name of Bank 20. Address
Regions 2320 Hwy 77
21. City     22. County     23. State     24. Zip Code
Lynn Haven Bay FL 32444 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AN
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date 26. Signature of Candidate
01-08-19 X YAK
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, Pat Perno , do hereby accept the appointment
(Please Print or Type Name)
designated above as: X Campaign Treasurer Deputy Treasurer.
01-08-19 X
Date Signature of Campaign Treasurer or Deputy Treasurer

EXYSDE O'OEZO'E

DS-DE 9 (Rev. 10/10)

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