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 USE ONLY

1. CHECK APPROPRIATE BOX(ES):

[✓] Initial Filing of Form   Re-filing to Change: [ ] Treasurer/Deputy [ ] Depository [ ] Office [ ] Party

2. Name of Candidate (in this order: First, Middle, Last)
Patrick J Perno

3. Address (include post office box or street, city, state, zip code)
1507 E9th Street
Lynn Haven, FL 32444

4. Telephone
(850) 774-6128

5. E-mail address
Pat.Perno@gmail.com

6. Office sought (include district, circuit, group number)
Lynn Haven Commissioner Seat 2

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

[ ] Write-In [ ] No Party Affiliation [ ] _____ Party candidate.

9. I have appointed the following person to act as my [ ] Campaign Treasurer [✓] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
William Henry

11. Mailing Address
728 Beachcomber Dr

12. Telephone 0887
(850) 774-0887

13. City Lynn Haven

14. County Bay

15. State FL

16. Zip Code 32444

17. E-mail address bhenry@burkeblue.com

18. I have designated the following bank as my [✓] Primary Depository [ ] Secondary Depository

19. Name of Bank Regions

20. Address 2320 Hwy 77 Suite #350

21. City Lynn Haven

22. County Bay

23. State FL

24. Zip Code 32444

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 1-10-19

26. Signature of Candidate
X _(signature)_

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, William Henry (Please Print or Type Name) , do hereby accept the appointment

designated above as: [ ] Campaign Treasurer [✓] Deputy Treasurer

1/10/19 Date

X _(signature)_ Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)   Rule 1S-2.0001, F.A.C.