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)

Dan Sowell

3. Address (include post office box or street, city, state, zip code)

2323 Mound Avenue
Panama City, FL 32405

4. Telephone

(850) 832-2668

5. E-mail address

dsowell@knology.net

6. Office sought (include district, circuit, group number)

Bay County Property Appraiser

7. If a candidate for a nonpartisan office, check if 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   ☒ Republican _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Cheryl Sowell

11. Mailing Address

2323 Mound Avenue

12. Telephone

(850) 832-2823

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Panama City	Bay	FL	32405	dsowell@knology.net

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Midsouth Bank

20. Address

1418 W 23rd Street

21. City	22. County	23. State	24. Zip Code
Panama City	Bay	FL	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

9-11-19

26. Signature of Candidate

X _(signature)_

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

I, _____Cheryl Sowell_____ , do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

_9-11-19_
Date

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

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