DEPOSITORY (Section 1	FION OF CAMPAIGN FOR CANDIDATES 06.021(1), F.S.) PRINT OR TYPE) be on file with the qua te campaign account.	alifying	asurer/D	cou <sub>v</sub> , 23° to ₃o	د ک ک ک ک ک ع م ا ا ک ک ع م ا ا ک ک ا ا ک ک ا ا ک ک ا ا ک ک ا ا ک ا ا ک ا ا ک ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا	57 8 	<b>OFFIC</b>	EUSE	<b>ONLY</b> Party	
2. Name of Candidate (in								state.	<u> </u>	
2. Name of Candidate (in this order: First, Middle, Last)       3. Address (include post office box or street, city, state, code)         Bill Kinsaul       P.O. Box 968         4. Telephone       5. E-mail address         (850) 319-6101       wdkinsaul@gmail.com										
<ol> <li>Office sought (include district, circuit, group number)</li> <li>Bay County Clerk of Court</li> </ol>					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 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 I	Deputy Treasurer				<u> </u>					
Bill Kinsaul 11. Mailing Address						12. Tele	nhono			
P.O. Box 968							) 319-61	01		
13. City	14. County	15. State	16.2	Zip Code	17. E-mail	<u> </u>	, 010 01			
Lynn Haven	Bay	FL	3244	44	wdkinsau	ıl@gma	il.com			
18. I have designated the	following bank as my	$\boxtimes$	Primar	y Deposito	ry 🗌	Seconda	ry Deposit	ory		
19. Name of Bank     20. Address										
				718 MLK Jr. Blvd. 23. State 24. 2						
21. City Panama City	Bay			FL			24. Zip C 32405	ode		
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 Gandidate $X$ BULL										
27. <b>Treasurer's Acceptance of Appointment</b> (fill in the blanks and check the appropriate block)										
I,, do hereby accept the appointment (Please Print or Type Name)										
designated above as: 🔀 Campaign Treasurer 🔲 Deputy Treasurer.										
10/18/2019 X BULL Date Signature of Campaign Treasurer or Deputy Treasurer										
	5		gnature				-		ž	
DS-DE 9 (Rev. 10/10)							Rule 1S-2	.0001,	F.A.C.	